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ABSTRACT

This document provides a topical reference on school health issues in urban areas from the perspective of the local health department, based on the results of the 1995 CityMatCH Survey of Urban Maternal and Child Health (MCH) Programs. The document includes four sections. Section 1 provides an overview of the background, purposes, and methodology used in conducting and analyzing the survey and highlights major findings. "Focus on School Health in Urban Communities" discusses issues found in the literature, the framework, and key definitions. The connection between urban health departments and schools, areas and level of involvement and the legal/formal foundation of these relationships are explored. Section 2 highlights the obstacles health departments encounter as they increasingly become involved in school health. These obstacles are divided into four categories: attitudes, resources, society, and systems. Section 3 provides a profile of current efforts of urban health departments to share data with their colleagues across the United States. The section includes a summary of characteristics and contact information for those interested in follow-up. Funding levels and sources for MACH programs are identified and presented in a summary table. Section 4 contains six appendices which include a survey form, a list of surveyed health departments, a directory of urban MCH programs and leadership, and three lists of urban health departments involved in school health programs. (Contains 25 references.) (CK)

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What Works III

1995 URBAN MCH PROGRAMS

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Focus on School Health

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What Works III

Focus on

School Health in Urban Communities

1995 CityMatCH Survey
of
Urban Maternal and Child Health Programs

Harry W. Bullerdiek, MPA
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Initiated in 1988, **CityMatCH** is a national organization of urban maternal and child health leaders addressing the need for increased communication and collaboration among urban maternal and child health programs for the purpose of improving planning, delivery, and evaluation of maternal and child health services at the local level. **CityMatCH**, through its network of urban health department maternal and child health leaders, provides a forum for the exchange of ideas and strategies for addressing the health concerns of urban families and children.

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PREFACE

Maternal and child health programs in city and county health departments nationwide are key players in the development, assurance, monitoring and assessment of health-related services for urban children and their families. Their specific roles and efforts in school health at the local level is less well known. Education and health are natural partners at the local level; this partnership is critical in America's cities.

This document builds upon a basic City**MatCH** premise that urban health departments have much to teach and learn from each other. The City**MatCH** strategy is to provide a timely, efficient mechanism for communication and collaboration across America's cities to promote the exchange of information about what works, what doesn't, and why.

What Works III: 1995 Focus on School Health in Urban Communities is the third in a series of documents published by City**MatCH** under our Partnership for Information and Communication Cooperative Agreement with the Maternal and Child Health Bureau, the "Municipal MCH Partners Project" (MCU#316058-04-0). We challenge urban MCH directors and others in the field to use the information from our surveys to shape effective solutions to shared urban MCH problems.

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Executive Director/CEO
City**MatCH**

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What Works III: 1995 Focus on School Health in Urban Communities represents the efforts of many individuals who worked closely together in the design, implementation, analysis, and dissemination of the 1995 City**MatCH** survey of urban maternal and child health. Colleagues on the "Municipal MCH Partners Project" Advisory Committee helped to define the focus on school health and gave the survey its meaning. Public health leaders from the National Association of County and City Health Officials, the Association of Maternal and Child Health Programs, the Association of State and Territorial Health Officials, and the Maternal and Child Health Bureau, worked closely with urban MCH leaders from City**MatCH** to ask the right questions about school health in urban communities. Particular thanks to Drs. Paul Melinkovich and Edward Ehlinger for shaping the survey instrument.

City**MatCH** staff rallied for this one. Project Coordinator Harry Bullerdiek lent a lead editorial hand and marshaled the troops to get the study from data to product. In his first days with City**MatCH**, Project Coordinator Patrick Simpson jumped into the middle of the analysis and writing, picking up from the dedicated efforts of City**MatCH** staff Elice Hubbert, who launched the study and oversaw initial data collection and analysis, and Christina Kerby who helped with data entry and analysis. Data analyst Fred Ullrich again lent his programming wizardry. Project Coordinator Dan Koenig took on the MCH Initiatives in Section III, bringing fresh editing and journalism skills to the final product. Administrative Technician Joan Rostermundt helped with survey administration and document dissemination. The secretarial support of Diana Fisaga and Phyllis Coleman proved essential for quality and outputs. Mark Watson and Joe Edwards of the University of Nebraska Medical Center Printing and Biomedical Communications facilitated final production.

Last, the tremendous participation of urban MCH leaders in city and county health departments nationwide must be acknowledged. Nearly 85 percent of those surveyed shared their ideas, experiences and knowledge about linkages between health and education in urban communities. That so many offered crucial information not only adds to the validity of the data in this document, but demonstrates again urban MCH leaders' commitment to improving the health and well-being of children and families who call America's cities "home."

INTRODUCTION

What Works III: 1995 Focus on School Health in Urban Communities is a tool to inform and assist urban public health practitioners and others interested in urban maternal and child health (MCH). It provides a topical reference on school health issues in urban areas from the perspective of the local health department, based on the results from the 1995 CityMatCH Survey of Urban Maternal and Child Health Programs.

Section I: Results of the 1995 CityMatCH Survey

About the 1995 Survey provides an overview of the background, purposes, and methodology used in conducting and analyzing the survey. Major findings are highlighted. ***Focus on School Health in Urban Communities*** first discusses issues found in the literature, the framework and key definitions. The connection between urban health departments and schools, areas and level of involvement, and the legal/formal foundation of these relationships are more fully explored.

Section II: The Urban Health Department/School Connection:
Barriers Experienced in School Health

This section provides a glimpse into the obstacles urban health departments are encountering as they increasingly become involved in school health. These obstacles are divided into four categories, **Attitudes, Resources, Society** and **Systems,** so the reader can quickly find ideas and strategies used by others in similar situations.

Section III: The Urban Health Department/School Connection:
Success Stories in School Health

Responding urban health departments were asked to provide a profile of a current effort or innovation to share with their colleagues across the United States. This section includes a summary of characteristics and contact information for those interested in follow-up and/or replication. Funding levels and funding sources for MCH programs are identified and presented in an easy "at-a-glace" summary table.

Section IV: Appendices

Appendices include the survey instrument, list of responding health departments, and a directory of Urban MCH Programs and leadership. Also included are tables showing urban health department involvement with school-based health centers and school-linked health centers by federal region, noting number of health centers in jurisdiction, grade level (elementary, middle or high school) and whether or not they identified themselves as the lead agency. The final table lists the categorical services provided (medical, health education, mental health, social services) at school health centers where urban health departments identified themselves as the lead agency.

RESULTS
OF THE
1995
CityMatCH
SURVEY

SECTION I

FOCUS
ON
SCHOOL
HEALTH

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ABOUT THE 1995 SURVEY

What Works III: 1995 Focus on School Health in Urban Communities, the third publication in the CityMatCH *What Works* series, is based upon information gathered from city and county health departments across the country in response to the fifth national survey of health department-based maternal and child health (MCH) programs in the largest cities in the United States. The CityMatCH *What Works* publications are a multiple use, information resource for urban public health practitioners and others interested in maternal and child health programs at the local level. Each edition of *What Works* has provided city-specific "snapshots" of MCH programs in local health departments in America's most populated urban areas. The publication includes a directory listing the name, address, and phone number for the MCH program leader in each of the 173 health department jurisdictions targeted by CityMatCH.[1] In addition, profiles of urban health department initiatives on specific topics such as immunization, prenatal care, infant mortality, and children's health are included.

The annual CityMatCH urban MCH survey is a core activity of the "Municipal MCH Partners Project," the CityMatCH Partnership for Information and Communication (PIC) Cooperative Agreement (MCU #316058-04-0) with the Federal Maternal and Child Health Bureau (MCHB). The 1995 survey focused on school health, with two principal purposes: 1) to gather general information about the links between health departments and schools in urban communities including the level and types of health department involvement in school health, the organization, funding, and authority for school health activities, and information about barriers preventing school collaboration and efforts at overcoming them; and 2) to obtain examples of current urban health department initiatives and activities relating to school health.

Survey Methods and Response

A 12- page questionnaire was mailed to 173 targeted health departments who, according to the 1990 U.S. Census, had one or more cities within their jurisdiction with central city populations of 100,000 or more. This includes San Juan, Puerto Rico and other health departments serving the largest cities in the states not otherwise represented. The first mailing was in December 1994, with two subsequent mailings and FAX/telephone follow-up though April 1995. An overall health department response rate of 84 percent (145) was achieved. North Dakota, Rhode Island, South Carolina and Wyoming are not represented. Responses were received from 100 percent (27) of health departments serving cities with central city populations greater than 500,000.

Table 1. **1995 CityMatCH Survey**
Response by Population of Urban Health Department (UHD) Jurisdictions

City Size*	Number of UHDs Surveyed	Number of UHDs Responding	Response Within Population Categories
under 200,000	94	75	80%
200,001 to 300,000	25	18	72%
300,001 to 500,000	27	25	93%
500,001 to 800,000	15	15	100%
greater than 800,000	12	12	100%
TOTAL	173	145	84%

*** Combined population of all central cities greater than 100,000 within health department jurisdiction.**

Population categories used in the analysis represent the combined population of all central cities with populations greater than 100,000 within the health department jurisdiction. The population actually served by the health department may be larger and include non-urban areas. Cities listed in this report are where the responding health department is located, hence the city's actual population may be smaller than the assigned population category. For example, the health department located in Santa Ana, CA, (population 293,742) also serves Anaheim, Fullerton, Garden Grove, Huntington Beach, Irvine and Orange, CA, which places it in the 500,001-800,000 population category. Figure 1 (below) shows the distribution of responses by population category.

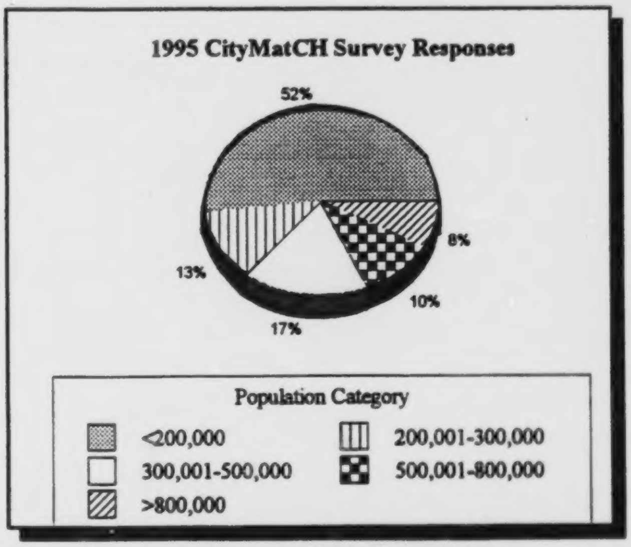

Figure 1. Percent Distribution of Survey Responses by Urban Health Department by Population Category

Major Findings

Relationships Between Urban Health Departments and Schools

- Nearly all of the 145 urban health departments responding to the CityMatCH survey reported some relationship with a public, non-public, and/or alternative school(s) within their jurisdictions. Only 2 percent (3) did not indicate any school relationship.

- Overall, urban health departments are more likely to have relationships with public schools than with non-public or other/alternative schools, particularly in the delivery of health services. Health departments usually provide health services to public schools on a direct rather than contractual basis, and the relationship described is more often "on-going" in nature than "on-request."

- Urban health department activities in schools often are related to the three "core public health functions" of assessment, assurance, and policy development.[2] The assurance-related functions of collaboration on special projects and provision of technical assistance or training for faculty, staff, and parent groups were the two most often reported relationships for all types of schools.

- Most urban health departments reported assisting public schools with monitoring and assessment activities. Relationships which involved monitoring activities usually were described as on-going. Relationships which involved needs assessment or planning for services were divided equally between an on-going or on-request basis.

- Urban health departments reported being much more likely to participate in policy development activities in public schools than in other types of schools. This activity was usually on an on-request basis.

- Of all activities in which urban health departments engage in with non-public and other/alternative schools, regulation, inspection, and certification activities are those most likely to be carried on an on-going basis rather than on-request. Health department relationships with non-public schools and other/alternative schools are similar to one another.

Authority for Urban Health Department Involvement With Schools

Responding urban health departments involvement with school districts can be through Memorandums of Understanding, legislation, formal contracts, or a combination of legal instruments.

- Nearly 50 percent of responding urban health departments indicated their involvement with schools in their jurisdictions was mandated by law and/or formalized through a written agreement.

Urban Health Departments and Comprehensive School Health Programs

Urban health departments reported varying levels of involvement in the eight categories of school health services at elementary, middle, and high schools.[3]

- Urban health departments most often were involved in the health services component of comprehensive school health programs across all grade levels, averaging 66 percent across grade levels. Most frequently mentioned services included screenings, immunizations, physicals, and first aid. Health education and community involvement were the next most engaged in activities. Physical education was consistently ranked at the bottom of activity involvement for health departments at all grade levels. In general, the amount of involvement in each area was steady across all grade levels.

Urban Health Departments and School Health Centers

School health centers can be divided into two groups: school-based health centers (SBHCs) and school-linked health centers (SLHCs). SBHCs are located on school grounds and serve only that school. SLHCs can be located on a school campus and serve more than one school or can be located off the school campus, regardless of the number of schools served.[4]

School-based Health Centers

- Fifty-five percent (79) of responding urban health departments indicated that one or more SBHCs were located within their jurisdictions; a total of 334 SBHCs in all. Fifty-three percent (177) of SBHCs were located in high schools and 13 percent (43) were in middle schools.

- Only 17 percent (13) of urban health departments with SBHCs in their jurisdictions reported they had **no** involvement with any SBHCs. Seventy-two percent (57) reported they were involved with all the SBHCs in the jurisdiction, and of these, more than 35 percent (20) indicated they were the lead agency for all SBHCs within their jurisdiction.

See **Appendix D**, for a listing of all urban health departments who reported SBHCs in their jurisdictions and information regarding the health department's level of involvement in SBHCs.

School-Linked Health Centers

- Thirty percent (44) of responding urban health departments indicated that one or more SLHCs were located within their jurisdictions; a total of 190 SBHCs. Fifty-five percent (105) of SLHCs were located in high schools; twenty percent (38) were in middle schools.
- Thirty-nine percent (17) of health departments who reported the location of SLHCs in their jurisdictions said they had **no** involvement with any SLHCs. Another 43 percent (19) reported they were involved with all the SLHCs in the jurisdiction, and of these, 58 percent (11) indicated they were the lead agency.

See **Appendix E**, for a table of urban health departments with SLHCs in their jurisdictions and information regarding each health department's level of involvement. Eighteen percent (26) of jurisdictions reported the existence of both SBHCs and SLHCs.

Services Provided by Urban Health Departments in SBHCs and SLHCs

- The services most often provided by urban health departments in a SBHC or SLHC setting were identified as health education services [SBHC--72 percent (57), SLHC--84 percent (37)] and medical services [SBHC--71 percent (56), SLHC--80 percent (35)].
- Mental health services and social services were provided by less than half of the urban health departments.

See **Appendix F**, for a city-specific listing of the types of services provided in SBHCs and/or SLHCs by urban health departments that identified themselves as the lead agency.

Barriers to Collaboration and Efforts to Overcome Them

Barriers experienced by urban health departments trying to work in collaboration with schools in their jurisdictions were divided into four main categories: (1) **resource barriers** such as lack of funding, lack of staff, and lack of time; (2) **systems barriers** such as bureaucracy and difficulty coordinating services and information sharing across multiple sites; (3) **attitudinal barriers** including turf battles, low prioritization, and role confusion; and (4) **societal barriers** especially related to issues of sexuality and family planning.[5]

A wide variety of efforts have been directed at overcoming obstructions with varying amounts of success. Unique social, political, and economic factors in each jurisdiction ultimately impact attempts at collaboration. There is no "one right way" to overcome the barriers to school health collaboration, rather a combination of pragmatic approaches and perseverance are key. Strategies reported by urban health departments to overcome obstacles include the following:

- Pursue both individual and group dialogue to clarify issues and build broad- based support for school health services.
- Identify key individuals in the school system and health department to facilitate the coordination of services.
- Create and support structures to promote collaboration.

> **"Persistence,**
>
> **Tenacity,**
>
> **Diplomacy."**
>
> ***Embodying a commitment to comprehensive school health - one urban health department's response to barriers encountered***

While the various strategies to overcome barriers to collaboration described by responding urban health departments are generally consistent with recommended approaches for successful collaboration, they fall short of the principles to link by outlined in the consensus document *Integrating Education, Health and Human Services for Children, Youth and Families.*[6] There were numerous examples were system needs reigned over family needs. Access to a comprehensive continuum of services is not possible when clinics close at the end of the school year or are available only to elementary grades. Communities need stable funding sources that are flexible enough to meet their needs and promote intra-agency and interagency decision making. Needs assessment, program development and evaluation should be part of an ongoing process of service provision. Figure 2 shows the distribution of barriers among the four categories experienced by urban health departments during their efforts in collaboration on comprehensive school health systems. For more detail on what health departments experienced and how they responded, see *Section II, Barriers Experienced in School Health* (page 32).

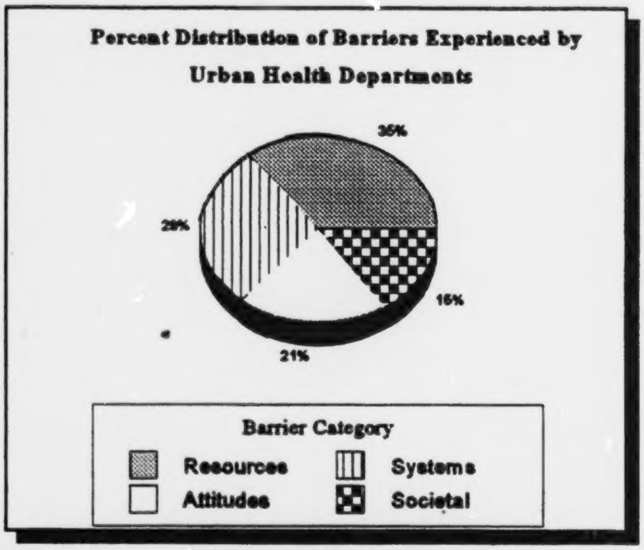

Figure 2. Barriers to Collaboration on Comprehensive School Health Services Experienced by Urban Health Departments

School Health Initiatives

There are numerous examples of successful initiatives undertaken by urban health departments in the area of school health. Urban health departments said they were engaged in education and prevention activities, screening, participation in school clinics and health centers, counseling and social services activities, and community collaborations, to name a few. An index of each responding community's most innovative practice in the link between public health and school health can be found on pages 70-73.

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Focus on School Health in Urban Communities:

Part 1 of the 1995 Survey

Part 1 of the 1995 CityMatCH survey focused on school health in urban communities. Each health department was asked to provide information about its current involvement (as of December 1994) with the schools in its community. Questions focused on:

- the relationships between urban health departments and schools
- the level of health department involvement with schools
- sources of authority for health department/school relationships
- principal areas of involvement
- barriers preventing effective relationships with schools, and
- how health departments were attempting to overcome these barriers.

Each health department was also asked to describe its most successful initiative or activity involving school health.

Issues in the Literature

Local health departments and schools in their jurisdictions have more than a century of interaction. In the 1890s in many American cities, physicians first proposed that schoolchildren be given medical inspections, vaccinations and hygiene instruction. Spurred on by advances in medicine, emerging local health departments and increased foreign immigration to urban communities, a new era of social reform began.[7] The practice of school-based medical examinations expanded to 312 U.S. cities by 1910 and to most cities with large numbers of immigrants by 1920. Health departments were early players in school health. Into the 20th century, health and social services became imbedded in many urban school systems as student services started to be applied universally. While public schools developed and maintained their own non-teaching personnel to implement health and social services, many state and local health departments built and sustained parallel programs for at-risk school-aged children. In examining new frontiers of school health services, Dryfoos observes that "one hundred years later, as new groups of immigrants move into disadvantaged communities, health agencies are returning to schools to provide health services to needy children and their families." Four diverse strategies drive a revitalized movement to address health in schools: adolescent health focus, school reform, family self-sufficiency, and the integration of categorical programs into comprehensive programs.[8]

While it is largely recognized that integrated school health services are community-based,[9] and local health departments in urban communities are an essential part of the fabric of community-based services, the current role of urban health departments in school health is not well known. Most recent conversations between the education and health sectors concerning school health are taking place largely at the federal and state levels. According to the *Joint Statement on School Health Issues* by the Secretaries of Education and Health and Human Services, health and education are joined in fundamental ways with each other and with the destiny of the Nation's children. To help children meet the educational and health and developmental challenges that affect their lives, education and health must be linked in partnership.[10] A variety of federal and private funded school health initiatives, with particular focus on school-based health care services, have flourished. The Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC/DASH) 1995 Conference on School Health highlighted the challenges faced by state health and education agencies in developing and implementing comprehensive school health programs, and identified strategies for collaborative relationships. The Association of State and Territorial Health Officials (ASTHO), with CDC/DASH and Maternal and Child Health Bureau/Health Resources and Services Administration (MCHB/HRSA) funding, surveyed state agencies about comprehensive school health programs as part of a continuing effort to identify needs and resources for the development of comprehensive school based programs.[11] Specific to SBHCs, states have been a principal conduit for information about program planning, financing, policies and technical assistance.[12]

What works in school health in urban communities? School-based health centers have been found to improve children's access to health care by removing both financial and nonfinancial barriers in the existing health care delivery system, by being more convenient for students and parents, and by better meeting the special needs of adolescents.[13] Many school-based health centers are in urban communities.[14] Other successful approaches are profiled in a 1993 compendium of school health programs produced on behalf of the National Coordinating Committee on School Health. Many of the 64 school-based or school-linked evaluated initiatives profiled, which targeted kindergarten through college students for health and/or educational outcomes and which included at least one of the eight components of a comprehensive school health program, are urban based.[15] While urban health department programs have not been catalogued comprehensively, the successful experiences from selected cities like Boston, MA, and Portland, OR, have been described in local reports,[16] and profiles of successful urban school health initiatives have been collected by **CityMatCH** through its annual conference since 1993.[17]

In America's cities, local health departments are key players in school health. School-based health centers are an increasing part of the landscape of primary health care delivery in urban communities. SBHCs and other urban school health initiatives rely upon local public health department advocacy and support to maximize local and state revenues in an era of managed care and health reform.[18] The experiences in Boston, MA, and Baltimore, MD, serve to illustrate the essential role of local health departments. The 1995 **CityMatCH** Survey of Urban MCH focused on the links between the local education and health sectors to address gaps in information about this essential connection. *What Works III* seeks to add to the limited knowledge base of local level activities by systematically identifying promising efforts in the field.

Key Definitions

This report uses many different concepts when discussing urban public health activities and comprehensive school health issues. For clarity, we are providing below the definitions we used in the development and analysis of this study.

The Bureau of the Census defines "urbanized areas" by population density, each includes a central city and the surrounding closely settled urban fringe (suburbs) that together have a population of 50,000 or more with a population density generally exceeding 1,000 people per square mile. "City" refers to an incorporated place with a 1990 population of 25,000 or more. The central city or cities in a Metropolitan Statistical Area (MSA) are; a.) the city with the largest population in the MSA; b.) each additional city with a population of at least 250,000 or with at least 100,000 persons working within its limits; c.) each additional city with a population of at least 25,000, an employment/residence ratio of at least 0.75 and out commuting of less than 60 percent of its resident employed workers; or d.) each additional city of 15,000 to 25,000 population that is at least one-third as large as the largest central city, has an employment/residence ratio of at least 0.75 and out commuting of less than 60 percent of its resident employed workers[19]. This survey targeted urban health departments serving central cities with populations greater than 100,000. Some of the surveyed urban health department jurisdictions included more than one central city over 100,000 in population and were adjusted accordingly to allow for comparison.

Public health's core functions of assurance, assessment and policy development, as defined in the Institute of Medicine's 1988 publication *The Future of Public Health*, provides the basis for much of the current research and reorganizational efforts found in America's urban health departments.

★ *Assurance* - that public health agencies assure their constituents that services necessary to achieve agreed upon goals are provided, either by encouraging actions by other entities, by requiring action through regulation, or by providing services directly.

★ *Assessment*- that every public health agency regularly and systematically collect, assemble, analyze and make available information on the health of the community, including health status, community health needs, and epidemiologic and other studies of health problems.

★ *Policy Development* - that every public health agency exercise its responsibility to serve the public interest in the development of comprehensive public health policies by promoting the use of the scientific knowledge base in decision-making about public health and by leading in developing public health policy. Agencies must take a strategic approach, developed on the basis of a positive appreciation for the democratic political process.

Policy development and leadership should foster local involvement, emphasize local needs, advocate equitable distribution of public resources and complementary activities commensurate with community needs. Assurance focuses on protection of the community and the availability of high-quality services for all persons.

Effectively meeting the broad spectrum of children's health needs in a school setting requires a comprehensive approach.[20] For a school health program to be truly comprehensive, it should incorporate eight key elements:[21]

★ *Health Education* - A planned, sequential instructional program that addresses the physical, mental, emotional, and social dimensions of health and motivates students to improve their health, prevent disease, and reduce health-related risk behaviors.

★ *Health Services* - Services which insure access or referral to primary health care services, foster appropriate use of primary health care, prevent and control communicable diseases, and provide emergency care.

★ *Counseling and Psychological Services* - Services which benefit the mental, emotional, and social health of students.

- ★ *Healthy School Environment* - Services which maintain the physical and aesthetic surroundings and the psycho-social climate and culture of the school to maximize the health of students and staff.
- ★ *Nutrition Services* - Services which promote the health and education of students by providing access to nutritious and appealing meals.
- ★ *Physical Education* - Age-appropriate, sequential programs that promote cognitive content and learning experiences in a variety of activity areas which further each student's optimum physical, mental, emotional, and social development and build interests and skills students can pursue throughout their lives to improve their overall health status.
- ★ *Health Promotion for Staff* - Programs which encourage and motivate school staff to pursue healthy lifestyles promoting better health, improved morale, and greater personal commitment to the school's comprehensive health program.
- ★ *Community Involvement* - Fostering a dynamic, integrated school, parent, and community partnership to enhance the health and well-being of students.

The need for a comprehensive philosophy of school health extends not just to the services provided, but to grade levels as well. The eight aspects of comprehensive school health are important to the health of children of ***all*** ages, from pre-school to high school and beyond.[22]

Coming out of a national symposium on urban school reform, health and safety, Korber identified four major categorical barriers encountered by agencies and individuals working to improve our nations schools and communities. *Caring Schools, Caring Communities: An Urban Blueprint for Comprehensive School Health and Safety* (1993) listed individual attitudes, limited resources, societal taboos and the very systems we have created as barriers to improving service to children.

- ★ *Attitude*- Commonly held attitudes that block or inhibit action. This ranges from seeing no gain for the effort required to setting poor examples or failing to provide essential prevention, care and treatment (not my job). Single approach quick fixes, categorizing problems according to genders (missing half of the equation).
- ★ *Resources/Funding*- Inadequate and outmoded facilities, lack of fiscal support, lack of skilled people, time constraints and technology.

- ★ *Societal* - In many communities there are barriers to full and realistic public discussion of problems related to sex education and family planning. There is difficulty in overcoming current society messages condoning sex and violence.
- ★ *School System* - Policies and procedures that undermine comprehensive health education and promotion. The political-will to take on difficult issues. Lacking knowledge of the issues and strategies to address them.

Relationships

In the current school year, [1994-1995] what types of relationships does your health department have with the schools within its jurisdiction?

Relationships between health departments and schools in urban communities show much variation. Urban health departments are engaged in a variety of activities with schools, often related to the three core public health functions of assurance, monitoring and assessment, and policy development. Table 2 and Table 4 list common activities involving public schools, private schools, and/or alternative schools. Where relationships exist, activities can be on-going or on request as seen in Table 3 and Table 5. Although the survey results do not reveal a "typical" relationship, virtually all responding health departments had some relationship with a school or schools in their jurisdictions. Of the 145 responding health departments only two percent (3) reported ***no*** school relationship of any kind.

Urban Health Departments and Assurance

Urban health departments indicated their involvement with schools often includes assurance-related activities. Of the six assurance activities listed in Table 2 and Table 3, collaboration on special projects and providing technical assistance and/or staff training, are engaged in most often. As seen in Figure 3 and Table 2, this is true for public, non-public, and alternative schools.

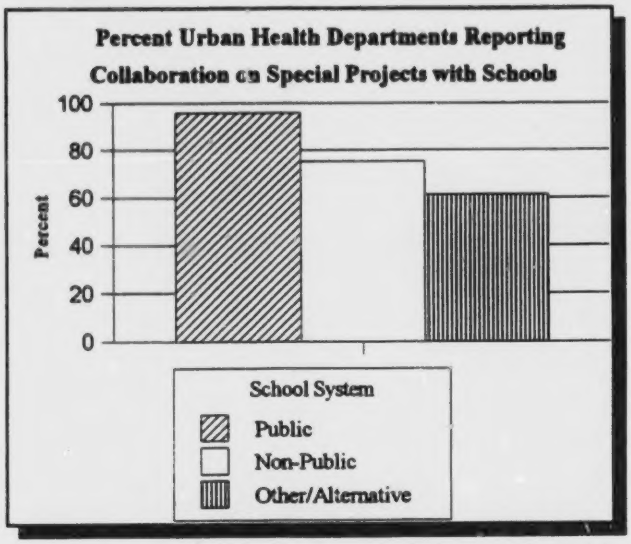

Figure 3. Health Department Relationships with Schools in Jurisdiction for Assurance Activity

In relationships with public schools, collaboration on special projects is usually on-going [59 percent (82)] rather than on request [38 percent (53)]. In non-public and alternative schools, the relationship is more likely to be on request [non-public: 76 percent (83) on-request vs. 24 percent (26) on-going; alternative: 67 percent (60) on-request vs. 30 percent (27) on-going]. Technical assistance is more likely to be provided on request in all three types of schools: 65 percent (84) on-request for public and 83 percent (91) for non-public; 27 percent (35) and 15 percent (16) on-going, respectively. In alternative/other schools the relationship is also usually on request 86 percent (83) and 9 percent (9) on-going.

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Table 2. Reported Relationships Between Urban Health Departments and Schools: Assurance

ASSURANCE FUNCTIONS	Public Schools	Non-Public Schools	Other/ Alternative Schools
Regulation, Inspection and/or Certification	(145)	(145)	(145)
Relationship	61% (89)	57% (82)	48% (70)
No Relationship	33% (48)	31% (45)	37% (54)
Unknown	6% (8)	12% (18)	15% (21)
Technical Assistance and/or Training Staff	(145)	(145)	(145)
Relationship	90% (130)	76% (110)	67% (97)
No Relationship	8% (12)	17% (25)	23% (33)
Unknown	2% (3)	7% (10)	10% (15)
Assist With Curriculum Development	(145)	(145)	(145)
Relationship	61% (88)	42% (61)	39% (57)
No Relationship	35% (51)	48% (69)	46% (67)
Unknown	4% (6)	10% (15)	15% (21)
Health Services Delivery Under Contract	(145)	(145)	(145)
Relationship	47% (68)	27% (39)	24% (35)
No Relationship	43% (62)	56% (81)	55% (80)
Unknown	10% (15)	17% (25)	21% (30)
Direct Health Services Delivery	(145)	(145)	(145)
Relationship	69% (100)	48% (69)	45% (65)
No Relationship	23% (33)	40% (58)	41% (59)
Unknown	8% (12)	12% (18)	15% (21)
Collaboration on Special Projects	(145)	(145)	(145)
Relationship	96% (139)	75% (109)	61% (89)
No Relationship	1% (2)	14% (20)	25% (36)
Unknown	3% (4)	11% (16)	14% (20)

( ) number of responses.

Table 3. Level of Urban Health Department Relationships with Schools for Assurance Activities*

ASSURANCE FUNCTIONS	Public Schools	Non-Public Schools	Other/ Alternative Schools
Regulation, Inspection and/or Certification	(89)	(82)	(70)
On-Going	83% (74)	67% (55)	70% (49)
On Request	14% (12)	31% (25)	27% (19)
Both	3% (3)	2% (2)	3% (2)
Technical Assistance and/or Training Staff	(130)	(110)	(97)
On-Going	27% (35)	14% (16)	9% (9)
On Request	65% (84)	83% (91)	86% (83)
Both	8% (11)	3% (3)	5% (5)
Assist With Curriculum Development	(88)	(61)	(57)
On-Going	24% (21)	8% (5)	5% (3)
On Request	74% (65)	92% (56)	93% (53)
Both	2% (2)	0% (0)	2% (1)
Health Services Delivery Under Contract	(68)	(39)	(35)
On-Going	71% (48)	36% (14)	37% (13)
On Request	25% (17)	62% (24)	60% (21)
Both	4% (3)	2% (1)	3% (1)
Direct Health Services Delivery	(100)	(69)	(65)
On-Going	66% (66)	32% (22)	34% (22)
On Request	29% (29)	67% (46)	63% (41)
Both	5% (5)	1% (1)	3% (2)
Collaboration on Special Projects	(139)	(109)	(89)
On-Going	59% (82)	24% (26)	30% (27)
On Request	38% (53)	76% (83)	67% (60)
Both	3% (4)	0% (0)	2% (2)

* *Urban health departments reporting a relationship (See Table 2) for assurance activities.*

( ) number of responses.

Twenty-nine percent (29) of responding urban health departments indicated that direct health services were provided on-request to public schools. Direct health services are provided by health departments in non-public and other/alternative schools, but in contrast to public schools, these relationships were more likely to be on-request. Figure 4, shows the frequency of reported health department involvement in the six assurance-related school health activities with public schools in their jurisdiction.

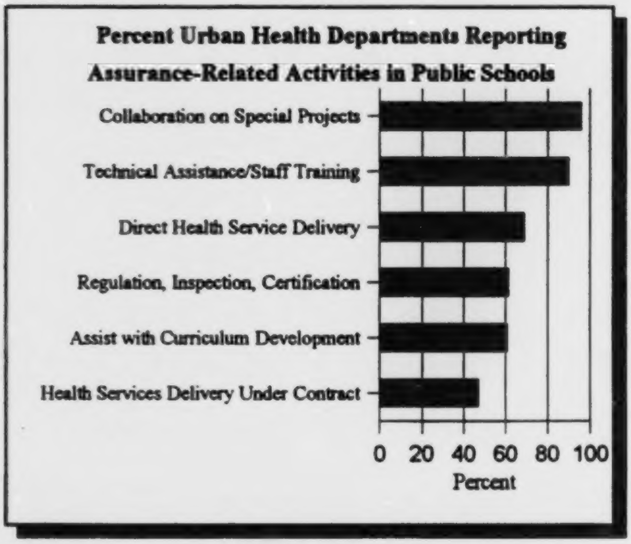

Figure 4. Health Department Involvement in Assurance-Related School Health Activities

Relationships involving health services delivery are also common. As can be seen in Figure 5, direct health services delivery is reported more often than health services delivery under contract. Sixty-six percent (66) of the survey respondents reported engaging in direct delivery of health services in public schools on an on-going basis.

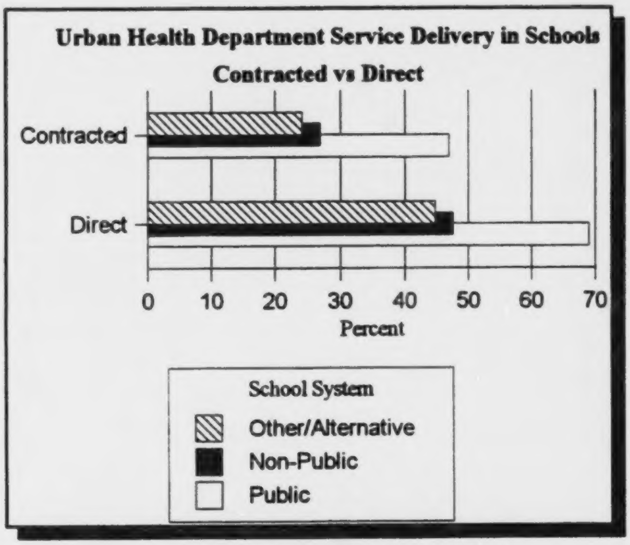

Figure 5. Comparison of Urban Health Departments Reported Health Services Delivery Arrangements with Schools

Urban Health Departments and Assessment

Most responding urban health departments assist schools with surveillance/ monitoring activities and/or needs assessment and service planning activities (Table 4). Less than one-fifth [18 percent (26)] reported having no relationship with public schools for needs assessment/services planning activities and 26 percent (37) said they had no relationship in surveillance or monitoring with public schools. Surveillance is usually an on-going activity regardless of type of school (Table 5). However, as Figure 6 shows, needs assessment is more likely to be on-going in public schools but on request in both non-public and alternative schools.

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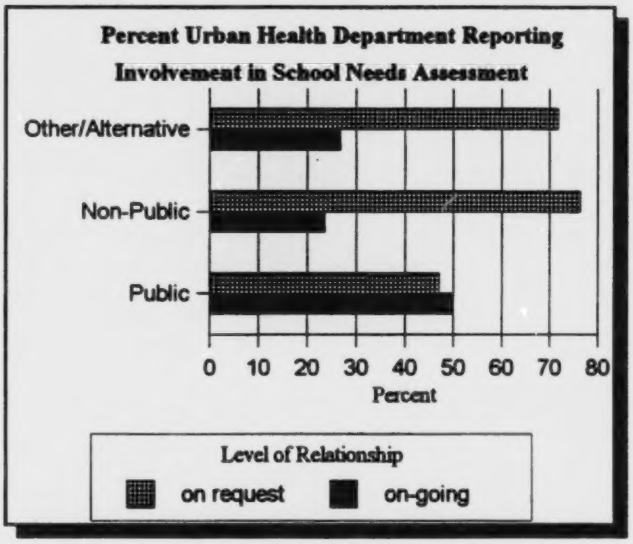

Figure 6. Urban Health Department Level of Relationship with Schools on Needs Assessment/Planning Activities

Table 4. **Reported Relationships Between Urban Health Departments and Schools: Assessment Functions**

MONITORING AND ASSESSMENT	Public Schools	Non-Public Schools	Other/ Alternative Schools
Surveillance and/or Monitoring	(145)	(145)	(145)
Relationship	68% (98)	57% (82)	47% (68)
No Relationship	26% (37)	29% (42)	36% (52)
Unknown	7% (10)	14% (21)	17% (25)
Needs Assessment/Planning for Services	(145)	(145)	(145)
Relationship	77% (112)	47% (68)	49% (71)
No Relationship	18% (26)	39% (56)	35% (51)
Unknown	5% (7)	14% (21)	16% (23)

( ) number of responses.

Table 5. Level of Urban Health Department Relationships with Schools for Assessment Activities*

MONITORING AND ASSESSMENT	Public Schools		Non-Public Schools		Other/ Alternative Schools	
Surveillance and/or Monitoring	(98)		(82)		(68)	
On-Going	74%	(72)	61%	(50)	60%	(41)
On Request	24%	(24)	39%	(32)	38%	(27)
Both	2%	(2)	0%	(0)	0%	(0)
Needs Assessment/Planning for Services	(112)		(68)		(71)	
On-Going	50%	(56)	24%	(16)	27%	(19)
On Request	47%	(53)	76%	(52)	72%	(51)
Both	3%	(3)	0%	(0)	1%	(1)

* *Urban health departments reporting a relationship (See Table 4) for monitoring and assessment activities.*
( ) number of responses.

Urban Health Departments and Policy Development

Ongoing relationships between urban health departments and schools around policy development is more common in the public sector (Figure 7).

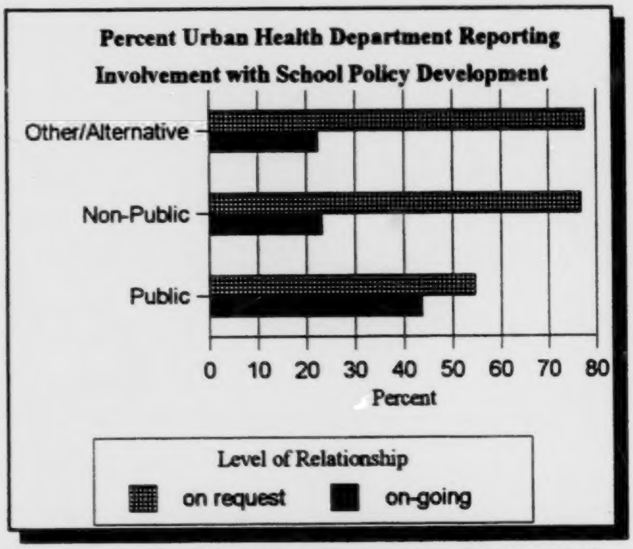

Figure 7. Urban Health Departments Level of Involvement with Schools on Policy Development Activities

Many urban health departments indicated they usually work on request with the schools in their jurisdictions in developing policies and written guidelines (Table 7).

Table 6. Reported Relationships Between Urban Health Departments and Schools: Policy Development

POLICY DEVELOPMENT	Public Schools		Non-Public Schools		Other/ Alternative Schools	
Development of Policies/Written Guidelines	(145)		(145)		(145)	
Relationship	82%	(119)	59%	(86)	53%	(76)
No Relationship	12%	(18)	28%	(40)	32%	(47)
Unknown	6%	(8)	13%	(19)	15%	(22)

( ) number of responses.

Table 7. Level of Urban Health Department Relationships with Schools for Policy Development Activities*

POLICY DEVELOPMENT	Public Schools		Non-Public Schools		Other/ Alternative Schools	
Development of Policies/Written Guidelines	(119)		(86)		(76)	
On-Going	44%	(52)	23%	(20)	22%	(17)
On Request	55%	(65)	77%	(66)	78%	(59)
Both	1%	(2)	0%	(0)	0%	(0)

* *Urban health departments reporting a relationship (See Table 6) for policy development activities.*

( ) number of responses.

Authority

Is your health department's involvement with any of the schools or school districts located within its jurisdiction mandated by law and/or formalized through a written agreement?

Health department involvement with schools is often based on legal statute or some type of formal document. Out of 145 responses, almost half [49 percent (71)] said their relationships with schools were either statutorily mandated and/or based on written agreements, memorandums of understanding (MOU), or contracts (Figure 8). Respondents were asked to briefly describe authority for their school relationships. Relationships based in state law often related to immunization, communicable disease, or food service sanitation. Several health departments indicated the relationship grew out of, or was grounded in, a larger project or program such as Healthy Start, Community Integrated Services System (CISS), or the Robert Wood Johnson Foundation's "Opening Doors" initiative.

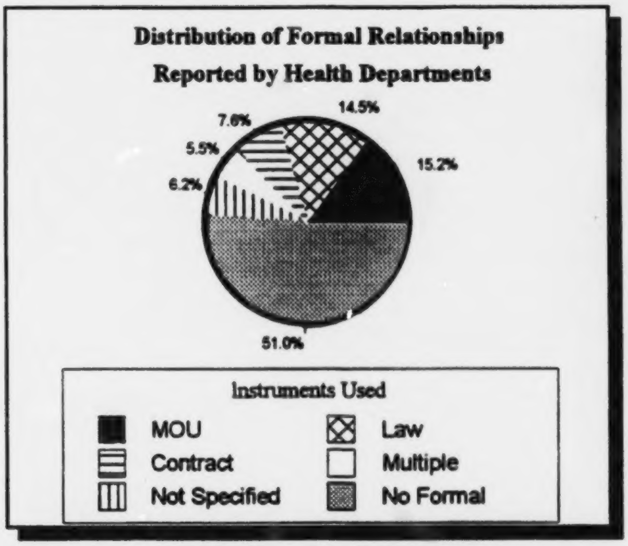

Figure 8. Formality of Relationships Between Urban Health Departments and Schools in Jurisdiction

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Eight health departments (*italics*, Table 8) mentioned more than one approach in the creation of formal structures for collaboration.

Table 8. Health Departments Involvement with Schools Mandated by Law or Formalized Through Memorandum of Understanding (MOU) or Contract

Law (29)	Memorandum of Understanding (29)	Contract (13)	Not Specified or Unsure (9)
Fairfield, CA	Bakersfield, CA	Los Angeles, CA	Birmingham, AL
Oakland, CA	Berkeley, CA	*San Bernardino, CA*	Sacramento, CA
San Bernardino, CA	Long Beach, CA	Savannah, GA	San Diego, CA
Santa Ana, CA	*Oakland, CA*	Topeka, KS	Colorado Springs, CO
Englewood, CO	Salinas, CA	Lexington, KY	Wilmington, DE
Lakewood, CO	*San Bernardino, CA*	Grand Rapids, MI	Detroit, MI
Waterbury, CT*	San Jose, CA*	Kansas City, MO	Rochester, NY
Ft Lauderdale, FL	Stockton, CA	Billings, MT	Syracuse, NY
Miami, FL	Ventura, CA	Paterson, NJ	Charleston, WV
St. Petersburg, FL*	Denver, CO	Greensboro, NC*	
Macon, GA	*Lakewood, CO*	Dayton, OH	
Honolulu, HI	Boise, ID*	*Burlington, VT*	
Wichita, KS	Peoria, IL*	Seattle, WA	
Shreveport, LA	Gary, IN		
Lansing, MI*	New Orleans, LA		
Westland, MI*	St. Paul, MN		
Lincoln, NE	Springfield, MO		
New York, NY	Charlotte, NC		
Raleigh, NC	*Raleigh, NC*		
Tulsa, OK	Winston-Salem, NC		
Philadelphia, PA	Portland, OR		
Pittsburgh, PA	Erie, PA*		
Memphis, TN	*Memphis, TN*		
Garland, TX	Nashville, TN		
Salt Lake City, UT	Austin, TX		
Burlington, VT	Houston, TX		
Alexandria, VA	*Alexandria, VA*		
Newport News, VA*	*Spokane, WA*		
Spokane, WA	Tacoma, WA*		

* Model document submitted with survey: contact information can be found in Appendix C.

Italics indicates urban health departments using multiple approaches.

Involvement in Comprehensive School Health Programs

What are the areas of comprehensive school health your health department is involved with?

For a school health program to be truly comprehensive, it should incorporate eight key elements addressing a broad range of needs. Pages 11-12 set out brief descriptions for each of these elements. Comprehensive school health programs are important to the health of children of *all* ages, from pre-school to high school and beyond.

Urban health departments responding to the CityMatCH survey were asked to identify their involvement in each of the eight comprehensive school health components. Responses were stratified by three grade levels: elementary, middle, and high school.[23] Examples of some of the most commonly reported activities in each area appear in Table 9.

- ✓ *Health Education*
- ✓ *Health Services*
- ✓ *Community Involvement*
- ✓ *Healthy School Environment*
- ✓ *Nutrition Services*
- ✓ *Physical Education*
- ✓ *Counseling and Psychological Services*
- ✓ *Health Promotion for Staff*

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Table 9. **Percent (#) of Urban Health Departments Reporting Involvement in Comprehensive School Health Programs by Component.**

Component	Elementary	Middle	High School
Health Education	54% (78)	59% (85)	61% (89)
Health Services	66% (95)	64% (93)	66% (96)
Counseling & Psychological Services	32% (47)	37% (53)	44% (64)
Community Involvement	58% (84)	55% (79)	57% (82)
Nutrition Services	24% (35)	24% (35)	26% (38)
Healthy School Environment	35% (51)	38% (55)	39% (56)
Physical Education	12% (18)	15% (22)	13% (19)
Health Promotion for Staff	35% (51)	33% (48)	32% (47)

( ) number of responses. Overall response of 145.

The eight components of comprehensive school health programs were stratified by grade level and ranked according to the percentage of health departments indicating their involvement with each component. Responses to this question showed little variation in an urban health department's involvement in school health activities in relation to the grade level served for most program components (Figure 9).

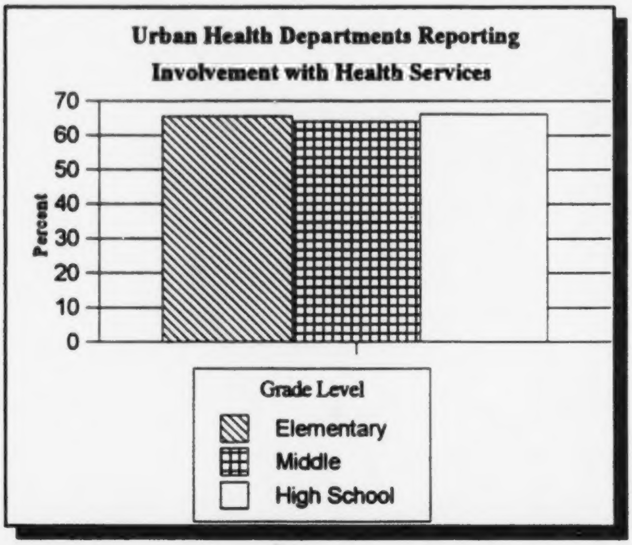

Figure 9. Urban Health Department Involvement with Schools by Grade Level for Health Services

Of the eight school health components, urban health departments are more likely involved in the areas of health services, health education, and community involvement. At least half of the responding urban health departments were involved in these three components across all grade levels. Figure 10 shows the distribution of involvement across components at the high school level.

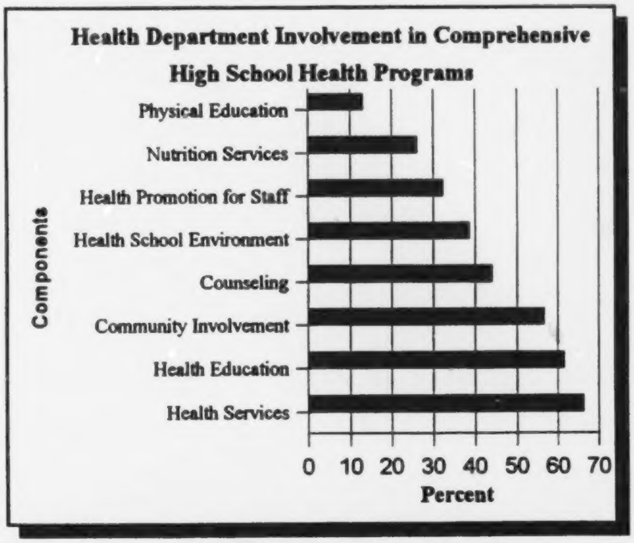

Figure 10. Distribution of Urban Health Department Involvement with Services Provided to High Schools

Several health departments reported successful collaboration between schools, health departments, and other agencies to build integrated services. One-quarter to one-half of the urban health departments responding were involved in counseling and psychological services, health promotion for school staff, and healthy school environments. As seen in Figure 11, counseling and psychological services showed the greatest variation by grade level, with urban health departments more likely to be involved at higher grade levels. This may be a response to behaviors that are manifested at an older age. Urban health departments have responded by developing peer mediation programs, peer counseling, and staffing school based health centers with mental health counselors.

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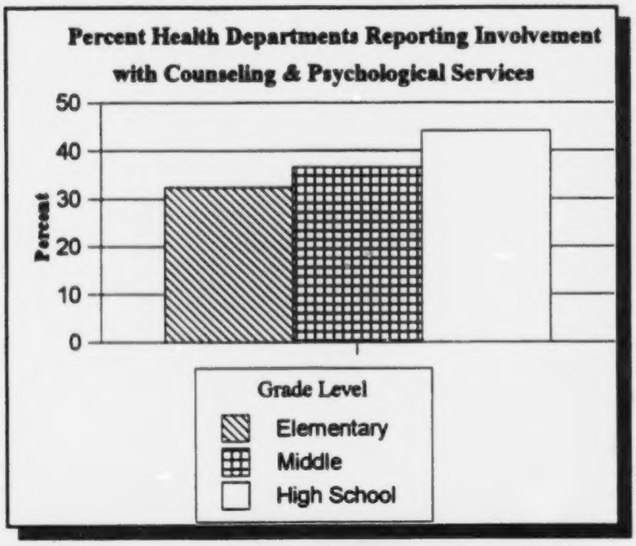

Figure 11. Mental Health Services Provided by Urban Health Departments by Grade Level

Urban health departments are least likely to be involved with nutrition services and physical education, with less than one-quarter of the respondents indicating their involvement in these programs. Those who did report their involvement in nutrition services were frequently involved with inspection of food preparation areas and nutritional counseling through school based health centers.

Urban Health Departments and School Health Centers

Are there any school-based/school-linked health centers in your health department's jurisdiction? If so, how many and is your health department involved as the lead agency or in any other capacity?

School health centers can be divided into two groups depending on their location and the number of schools they serve. School-based health centers are located on school grounds and serve only that school. School-linked health centers are located on a school campus but serve more than one school, or can be located off the school campus, regardless of the number of schools served.[24]

School-Based Health Centers

Fifty-five percent (79) of responding health departments in 36 states indicated that one or more SBHCs were located within their jurisdictions; a total of 334 SBHCs in all. Fifty-three percent (177) were located in high schools and 34 percent (114) in elementary schools.

Only 17 percent (13) of health departments with SBHCs in their jurisdictions reported they had **no** involvement with any SBHCs. Seventy-two percent (57) reported they were involved with all the SBHCs in the jurisdiction, and of these 35 percent (20) indicated they were the lead agency for all SBHCs within their jurisdiction.

School-Linked Health Centers

Thirty percent (44) of responding urban health departments in 28 states indicated that one or more school-linked health centers were located within their jurisdictions; a total of 190 SLHCs in all. As with SBHCs the majority of SLHCs were located in high schools [55 percent (105)]; the fewest [20 percent (38)] were in middle schools. Thirty-nine percent (17) of health departments who had SLHCs in their jurisdictions said they had **no** involvement with any SLHCs. Another 43 percent (19) reported they were involved with all the SLHCs in the jurisdiction, and of these 58 percent (11) indicated they were the lead agency for all SLHCs within their jurisdiction.

A few jurisdictions, 18 percent (26) reported the existence of both SBHCs and SLHCs in their jurisdictions. **Appendices D, E** and **F**, list each urban health department who reported having at least one SBHC or SLHC in its jurisdiction, the grade level (elementary, middle, or high school), and the degree of involvement of the health department.

What types of services are provided by your health department in a school health center?

The services most often provided by urban health departments in a SBHC or SLHC setting were identified as health education services [SBHC--72 percent (57), SLHC--84 percent (37)] and medical services [SBHC--71 percent (56), SLHC--80 percent (35)]. Mental health and social services were provided by less than half of the responding health departments with school health centers in their jurisdiction.

ENDNOTES

1. CityMatCH membership is extended to all health departments having one or more cities within their jurisdiction with populations of 100,000 or greater according to the 1990 U.S. Census. Membership is also extended to the health department serving San Juan, Puerto Rico, a city of over 200,000. In states having no city of this size, membership is extended to the health department serving the largest city in the state.

2. Institute of Medicine. *The Future of Public Health*. Washington, DC: National Academy Press (1988).

3. It is recognized that the actual grades included in "elementary," "middle," and "high" schools vary between jurisdictions. For survey purposes no attempt was made to define these terms. Health departments self-selected based on their own definitions. They were not asked to identify what grade levels included.

4. McKinney, D.H., Peak, G.L., *School-Based and School-Linked Health Centers: Update 1993*. The Center for Population Options (1994).

5. These barriers roughly correspond with those identified in: Korber, N., *Caring Schools, Caring Communities: an Urban Blueprint for Comprehensive School Health and Safety*, Washington, DC: Council of Great City Schools (1993), based on a national invitational symposium on urban school reform, health and safety.

6. *Integrating Education, Health and Human Services for Children, Youth and Families: Systems that are Community-Based and School-Linked*, Washington, DC: American Academy of Pediatrics (1994 Final Report).

7. Tyack D. *Health and Social Services in Public Schools: Historical Perspectives*. The Future of Children, Spring 1992; 2(1):19-31.

8. Dryfoos JG. *New Frontiers in School Health Services*. Current Issues in Public Health 1995; 1:30-34.

9. American Academy of Pediatrics, *Task Force on Integrated School Health Services. Integrated School Health Services*. Pediatrics 1994; 94(3):400-402.

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10. Riley RW and Shalala DE: Joint Statement on School Health, 1993.

11. Association of State and Territorial Health Officials. *ASTHO Survey of State Primary School Health Contacts*, December 1994.

12. Schlitt JJ, Rickett KD, Montgomery LL, Lear JG. *State Initiatives to Support School-Based Health Centers: A National Survey*. Journal of Adolescent Health 1995; 17:68-76.

13. General Accounting Office. *Health Care Reform: School Based Health Centers Can Promote Access to Care*. GAO/HEHS-94-166, Washington, DC, 1994.

14. McKinney DH. *Op cit*. See end note number 4.

15. Office of Disease Prevention and Health Promotion, US Department of Health and Human Services. *School Health: Findings From Evaluated Programs*, Washington, DC, 1993.

16. Multnomah County Health Department. *School Based Health Centers: Report on Services*, 1992-1993.

17. Urban health department activities have been profiled in the following CityMatCH publications: Peck MG and Hubbert. *Improving Urban MCH Linkages: Highlights of the 1993 Urban Maternal and Child Health Leadership Conference*, Peck MG, Bullerdiek HW, Rostermundt JE. *Effective Leadership During Times of Transition: Highlights of the 1994 Urban Maternal and Child Health Leadership Conference*, and *The Road to Community Partnerships: Highlights of the 1995 Urban Maternal and Child Health Leadership Conference*, in preparation.

18. Making the Grade - The George Washington University. *Medicaid, Managed Care, and School-Based Health Centers: Proceedings of a Meeting with Policy Makers and Providers*. Washington, DC: June 26, 1995.

19. US Department of Commerce, Bureau of the Census, *Census '90 Basics*, Revised April 1993.

20. Office of Disease Prevention and Health Promotion, *Op cit*. See endnote number 15.

21. Association of State and Territorial Health Officials, *Op cit*. See endnote number 11.

22. The principal focus of the CityMatCH school health survey was Kindergarten through high school (i.e., K-12). A limited attempt was made to identify the level of health department involvement with the eight elements of comprehensive school health services at the Pre-Kindergarten level, however, no information was collected about the post-high school years.

23. It is recognized that school structures vary from jurisdiction to jurisdiction, and that boundaries for the four levels are somewhat blurred. We have chosen not to attempt more precise category definitions, preferring to focus on a broader population concept.

24. McKinney, Op cit. See endnote number 4.

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THE URBAN HEALTH DEPARTMENT SCHOOL CONNECTION:

SECTION II

BARRIERS EXPERIENCED IN SCHOOL HEALTH

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BARRIERS AND STRATEGIES

What are the three greatest barriers your health department has experienced in trying to collaborate with the schools in your jurisdiction and how have you overcome them?

Following is a review of barriers identified by responding urban health departments and their efforts to overcome or minimize their impact. Responses are grouped under the categories **Attitude, Resources, Societal,** and **Systems** barriers. These categories serve only as a general guide since many of the barriers cited include multiple characteristics whose weight in reality may differ from that assigned by the authors. Strategies reported by urban health departments to overcome obstacles include the following:

- Pursue both individual and group dialogue to clarify issues and build broad- based support for school health services.
- Identify key individuals in the school system and health department to facilitate the coordination of services.
- Create and support structures to promote collaboration.

While the various strategies to overcome barriers to collaboration described by responding urban health departments are generally consistent with recommended approaches for successful collaboration, they fall short of the principles to link by outlined in the consensus document *Integrating Education, Health and Human Services for Children, Youth and Families*. There were numerous examples were system needs reigned over family needs. Access to a comprehensive continuum of services is not possible when clinics close at the end of the school year or are available only to elementary grades. Communities need stable funding sources that are flexible enough to meet their needs and promote intra-agency and interagency decision making. A number of health departments mentioned involvement in program planning and development, but less apparent was the use of needs assessment and evaluation as part of an ongoing process of service provision. Only one urban health department mentioned a language barrier; cultural competence was not raised as an issue.

Table 9. Barriers to Collaboration With Schools Encountered by Responding Urban Health Departments

Perceived Barrier	Total*	Representative Efforts to Overcome
Attitude	21% (59)	
Jurisdiction/Turf	20	Encourage open dialogue
Communication/Education/Knowledge	16	Establish shared time to build understanding
Role Confusion	9	Ongoing clear communication of expectations
Priority/Lack of Importance	7	Demonstrate value to school officials
Parental Involvement	7	Use multiple support structures
Resources	35% (101)	
Financial	52	Expand financing through businesses and grants
Lack of Staff	16	Use volunteers, medical school residents
General Support	13	Find new sources, redirect old
Lack of Time	11	Negotiate for in-service time
Lack of Space	9	Mobile vans, advocacy
Societal	15% (44)	
Sensitive Issues	30	Start with areas of common ground
Administrative Fear	8	Build grass root support
Service Restrictions	6	Create referral network
Systems	29% (82)	
Coordination	20	Key individuals provide oversight
Bureaucracy: Rules/Regulations	18	Interagency agreements
Communication	13	Direct contact, create forums
Collaboration	11	Create structures to facilitate
Planning	10	Increase community input in planning
Service Provision	5	Use referral network
Privacy Issues	4	Use consent forms
Technology	2	Source out, align policies
Liability	2	Health department takes responsibility

* Total number of responses citing this barrier; responding health department may have more than one response within a given barrier category.

Attitude

Refers to individual and group values and understanding; common response strategies include the encouragement of open dialogue and demonstrating the value of comprehensive school health programs. Subcategories identified are: 1) Jurisdiction /Turf Issues, 2) Communication, Education and Knowledge, 3) Role confusion, 4) Priority /Lack of Importance, and 5) Parent Involvement /Community.

1. Attitude Barrier - Jurisdiction/Turf

Twenty urban health departments (UHDs) in fifteen states identified jurisdiction and turf issues as barriers to school health services. Concerns over "who is in control" was mentioned as often as coordination hurdles, ranking third overall behind fiscal limitations and sensitive issues.

Perceived Barrier	Efforts to Overcome
Feeling of competition with/between school nurses and public health department.	Public health nurses collaborate with school nurses in identifying family/children problems. Nurses in school may go to home but refer to phone for ongoing case management. The school nurses have been utilized in connecting students who need to be followed for pregnancy, STD and TB. Threat of competition alleviated.
Schools lack ownership of services provided.	Use of parent volunteer or designated school staff to assist with scheduling clinic. Orientation of staff prior to clinic - flyers and promotion of clinic throughout by energetic school personnel.
Perception that school-based health centers will cause dislocation of school nurses.	Currently working with school nurses to resolve/identifying specific roles and responsibilities including school nurse in all planning activities related to school-based health centers.
Lack of understanding of each others mission.	The superintendent established an ad hoc task force in the 1993-94 school year to address school health issues, determine priorities and set mutual goals for the future, this set the stage for a new and improved working relationship.
Turf guarding.	We have encouraged open dialogue and communication with all stake holders (parents, school officials, health department personnel, other health care providers, etc.) The overall goal of providing school-based services is emphasized on a continual basis.

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Attitude Barriers - Jurisdiction/Turf (continued)	
Perceived Barrier	**Efforts to Overcome**
Public schools have own nurses.	Staff for health matters (health ed and first aid) outside input is not welcome parochial schools and private schools have no health staff but want help of public health nurses only for screenings required by state and outbreaks (ie. lice, shigella).
Perception that health department is taking business away from MDs.	Quarterly meeting with officers of local medical society to share common concerns, ie. access to care.
School nurses see school-based health center as a threat.	Numerous efforts to include, ie., built new clinic, offered office space, paired with other school nurses who have school-based health centers and included in planning.
School department feeling they own nurses as far as assignments.	Working with school department to recognize lines of authority and how they should contact our nurses to talk about changing hours or assignments.
Reluctance of teachers/staff to refer students to health centers.	School-based health center staff made special effort to encourage teachers/staff to visit the clinic. In addition, free flu shots and TB tine testing were offered to teachers and staff.
Turf issues.	Open, honest, ongoing communication between partners.
Territorial.	Sometimes it is unclear what is school's responsibility versus health department's. Have tried to improve ongoing communication on all levels.
School is for learning - other programs take away from classroom time.	In reference to school-based 2nd MMR clinics. Clinics after school didn't get many students. School nurse then requested at school services they could assist.
Turf issues.	Until recently we could not even provide immunizations on school premises. Could at times do some health education/screening at schools out of city school district area.
School health staff hired by educational service; rigid director: non-collaborative district approach. Turf.	Health department health officer (MD) is their medical director; health department managers and staff continue to try innovative (contact) and cooperative approaches at individual schools levels. Frequent meetings and offering health department staff to serve on many planning and service delivery efforts sponsored by various agencies.

Attitude Barriers - Jurisdiction/Turf (continued)

Perceived Barrier	Efforts to Overcome
School districts have their own health programs.	Extensive efforts have been made to provide technical assistance to health staff of local districts. Limited manpower at the health department precludes the actual provision of education classes; a train-the-trainer method has been used instead.
School system provided own health services exclusively.	Dialogue in past years to allow access to schools for service delivery have been attempted.
Turf issues between school hired nurses, health educators and health department counterparts.	Planned joint staff meetings and intentional efforts to improve/increase communications; shared staff training.
The school public system already have nurses.	Provide services (immunizations) upon request.
Turf and bureaucracy/who is in control?	Continue working together with outside and community based agencies. - Right people are together at the discussion table - Highest access to policy makers

2. Attitude Barrier - Communication, Education, Knowledge

Sixteen UHDs in fourteen states identified communication, education and knowledge issues as stumbling blocks in collaborating on school health services. This subcategory focuses on the building of commonalities between people (language, cultures, etc.). The communication subcategory found under *Systems Barriers (See page 63)* looks at the structures (non-people) that often impede coordination and collaboration.

Perceived Barrier	Efforts to Overcome
Cultural differences - ie. Public Health versus Education.	Committed efforts to develop a shared vision and transcend organizational differences.
Hesitancy of school board to allow services in schools.	Explanation of need for services and what specifically (sic) services will be. Patience in dealing with schools and initiating additional services, evaluations and explanations of programs.
Building partnerships with schools.	We continue to link schools to their closest Urban Health Center. The rapid turnover of superintendents makes building partnerships with schools hard. With little help or support we continue the goal of the EPSDT program and continually trying to build collaborations.

Attitude Barriers - Communication, Education, Knowledge (continued)

Perceived Barrier	Efforts to Overcome
Some public schools do not communicate/cooperate with Public Health Nurses.	Meetings with principals/superintendents.
Nursing staff's identification of "frequent flyer" students who do not need services but frequently feel they must see a nurse.	Educate nursing staff that these problems need to be discussed with child and further assessments are needed to uncover actual problem.
Poor relationship with prior health department administrator.	Holding meetings with superintendent of schools and his administrators. Health department serving on school department advisory committee and they on ours. Addressing problems in a mutually agreeable manner.
Failure of the school system to fully understand that health issues are a joint venture with the health department.	Education Health Policy Committee with joint membership from both health and education to discuss health issues; membership includes the Commissioner of Health and area commissioners, Superintendent of Schools and area superintendents. Inclusion of health department staff in education generated initiative.
Relationship of health department staff with school staff teaming. Value of health services in educational setting (differing philosophies).	Teaming programs, in-services regarding collaborations, invite school staff to be part of school-based center programs. Involvement of school-based centers and school staff in planning program in-services for family.
Lack of sharing of information.	Limited or late sharing of information and lack of involvement in planning has caused difficulties for staff and students. Constant communication and reminders of goals to streamline and be flexible to improve service are undertaken.
Resistance of school administration to enforce state immunization and health laws.	School health nurses maintain knowledge of current health law and educate these administrators to health needs and laws and risks to health when these are not enforced.
Language/cultural of Public Health versus Education.	Common workshops problem solving.
Developing a common understanding of comprehensive school health beyond the concept of treatment of ill and injured student.	This issue has and will continue to be addressed through the partnership team. Key result areas and key result measures have helped to clarify expected activities and outcomes.
School personnel.	More networking to involve more and different individuals to overcome practice differences.

Attitude Barriers - Communication, Education, Knowledge (continued)	
Perceived Barrier	**Efforts to Overcome**
School system personnel do not have a good concept of Comprehensive School Health - they do not know what they do not know about school health.	One-on-one meetings or informal small group meetings with administrators to discuss issues. Sharing public information. Attempt to be proactive. Make use of crisis situations to catch attention of administrators and media; used as springboards for discussion of policy revisions/policy development to prevent future crises.
School system's lack of awareness of local health department's capability to provide disease prevention and health promotion services.	Through the city's active program of community policing and then community empowerment, the school system has learned of health department ability and interest in student and employee health.
Communication and acceptance of disparity in public health/school expectation of school nurse.	Staff in-service and training. Moving toward team of resources available by phone. Involvement of individual RHN on site based committees. Articulation and demonstration of assurance role.

3. Attitude Barrier - Role Confusion

Nine UHDs in eight states identified role confusion as a barrier to school health services.

Perceived Barriers	Efforts to Overcome
Fear of job security by school nurses and social workers.	Team work to assure school staff that a role exists for both school support staff and outside agency staff.
Individual schools not understanding roles and responsibilities of all involved.	Explain various roles and responsibilities to local school staff in addition to school administrative staff. Clarifications of roles as necessary or as problems arise.
Who is responsible for financing health program - the school system or the health department.	The health department leadership views the school program as a continuation of public health. The local city government council view the school system as the money bags since they have a broad tax base. The health department keeps health as the issue.
School staff's consent of Community Health Nurses role in school is different than actual role.	Much education was and still is needed in trying to clarify the role of the Community Health Nurse in the schools. Several principals felt the nurse should shampoo heads after pediculous was found along with washing clothes and transporting child home. Meeting with health department staff helped but problems still arise.

Attitude Barriers - Role Confusion (continued)	
Perceived Barrier	**Efforts to Overcome**
Resistance to change. Roles of both agencies have changed over the years and as this happens individuals also must change.	We have provided joint meetings in-services training and communication opportunities for all staff to grow in this area. Through an exchange of information all agencies (health, education, social services) have improved communication and seem to better understand the entire picture.
Limited health promotion through health education. Lack of understanding of expanded role of school nurse by school administration.	The role of the school nurse has been limited in many respects and school nursing services are too tasked focus (injury/illness care). Our all baccalaureate prepared staff are highly qualified and enthusiastic - would like to participate more in health education planning and implementation.
Lack of clear definition of role of school in assuring the health of children.	School codes are old and lack relevance to the current environment. We will continue to work with schools, within the limits of our fiscal and human resources, to define needs and facilitate access for those who can address needs.
School system's lack of awareness of local health department's capability to provide disease prevention and health promotion services.	Through the city's active program of community policing and then community empowerment, the school system has learned of health departments ability and interest in student and employee health.
Disparity in public health school expectation of school nurse.	Verbal and written communication on changing role. Participation in school, community coalitions: kids first integration services committees at a middle and upper management level.

4. Attitude Barrier - Priority/Lack of Importance

Urban health departments in seven cities in seven states cited low or conflicting priorities as barriers to school health services.

Perceived Barrier	Efforts to Overcome
Schools do not see health issues as their responsibility or a prioritized issue.	Department participates on school collaboration to enhance health access and services to students.
Lack of support from school superintendent.	Continue to educate, have support come from all areas of the community. School committee is in support but abdicates to the superintendent's position.
Priorities.	Some schools continue to feel that it is not the schools responsibility to meet the physical/emotional needs of students. We continue to try and demonstrate how schools, families and the community need to work together to fulfill the needs. Healthy children learn better.
Low priority of troubled school board.	Attempting to build on positive relationships established through provision of some services and multi disciplinary community coalitions.
School district under federal desegregation order with little room for negotiation. Health not addressed in order, nor is it funded, so it does not get done.	The District is currently providing school-based clinics in some high schools funded through a Medicaid/private foundation funding stream with hope for expansion. The health department is attempting to partner in this process.
Low priority of school program at the state level and buck passing between state health and Department of Education.	The department continues to conduct yearly inspections of all schools, in spite of the fact that state only responds to complaints and requests for plan review. We provide on-site training and certification of food handlers.
School compliances.	Due to the scarce interest shown by school officials, occasionally patients evaluated get lost. To overcome this, the out-reacher has to involve the school coordinator in the process of evaluation and management. Close contact with school officials has turned out to be a must.

5. Attitude Barrier - Parent Involvement/Community

Seven urban health departments in seven states cited a lack of parent and/or community involvement as barriers to school health services.

Perceived Barrier	Efforts to Overcome
Parental involvement.	The Healthy Start effort has been characterized by a low level of support on the part of parents. Grant and foundation support for these programs should include stipends and/or incentives for parent involvement.
Getting parents to come to the school for the child's exam.	Appointment letter sent notifying date and time of physical and stressed importance of them being there; letter sent to all parents in the school explaining school based program and asking them to participate.
Parental consent forms.	Forms are sent home several times. If this does not achieve results, a list is given to the principal to assist the nurse in receiving information and/or signature of parent.
Target community apathy - health and parenting education lacking among community.	Developing a coalition with community resources and juvenile court to offer programs in housing projects, etc... one has been started through the manager of a HUD project.
Obtaining parental involvement in education programs.	Classes, door-to-door canvassing, meetings, home visits, awards ceremonies, letters and phone calls.
Parental compliance with immunizations required.	Collaborative efforts with school medical dept, the health dept and community action groups to educate and provide immunizations on site and through special clinics.
Community involvement/not in my backyard.	Work with community based groups. Community/neighborhood leaders are invited and participate in the planning and implementation.

Resources

Refers to limitations of money, people, overall capacity, time, and space; common response strategies are working with the private sector and volunteers, use of mobile vans and redefining roles to allow for broader implementation of skilled personnel.

1. Resource Barrier - Funding Related

Finding the money to pay for school health services was the hurdle most often identified by urban health departments. Fifty-two urban health departments in thirty-two states presented funding strategies ranging from foundation grants and local business support to legislation, with varying degrees of success.

Perceived Barrier	Efforts to Overcome
Having less resources than needed to meet the needs.	Continue to try and secure additional funding to expand services.
Funding.	Locate sources of funding such as federal grants, local civic clubs and businesses.
Inadequate funding of activities needed for school-based clinic services.	Networking educating elected officials, working closely with state officials to identify funding potential, working closely with school/local officials to identify funding potentials.
Insufficient staffing and funds.	Provide as much service as possible, particularly to areas without ready access to other sources of assistance; seek grant funding where appropriate.
Lack of funding from both the city and the school district.	Seeking grants to assist in planning activities. The City schools have received two Healthy Start grants.
Funding.	The department has served on the local Healthy Start collaborative and supported the Healthy Start operational grant submitted to the state.
Establish permanent funding streams for the Child/Health Demonstration Project.	Operating the program on existing resources with MediCal reimbursement and Child/Health Demonstration Project revenue as primary funding sources for schools.
Resource limitations and categorical funding.	New funding and a visionary commitment to serving one and two prevention at the school catchment area level.
Funding.	More in-kind services, smoother referral and good hand-off. Increase use of volunteers in the community.

Resource Barriers - Financial (continued)	
Perceived Barrier	**Efforts to Overcome**
Funding.	Use of state/federal funds.
Funding issues.	Discussion, collaboration around specific needs - program is made on a site-specific or program-specific basis.
Insufficient resources for school districts.	There are 27 school districts in county. encourage schools to look at health needs through the children's council. Regionalize needs in the community; develop a menu of services to be offered.
Inadequate funding to support service in schools.	Have searched for grant funding jointly with the schools or other alternative funds.
Inadequate financial support for school-based health services.	Development of agreements that allow for outstanding staff from multiple agencies to work at school sites.
Inadequate funding to support service in schools.	Have searched for grant funding jointly with the schools or other alternative funds.
Sluggish financial management system.	Established a contract with a 330 to eliminate difficulties associated with the local government's forms.
Financial.	Not enough funding to adequately provide for health care services for students in our schools. Have tried to increase financial base by seeking out grants at local, state and regional levels. some limited success. Will continue to try and make community aware of health care concerns re: child in schools.
Inadequate funding.	Interagency agreement to pool resources: County School Board and County Health Department share coverage of schools.
Funding to provide school based health services.	We have sought funding from alternative sources such as the indigent care trust fund and explored joint funding of nursing positions with school systems. We also hope to generate some funds through 3rd party reimbursement (Medicaid) by providing health check services within the schools.
Funding.	Currently negotiating with school system to partially fund a nurse to provide services in alternative school.
Categorical funding with different department priorities.	Re-working at our interagency school health planning group to possibly redefine its role and responsibilities to assure more coordination/collaboration.

Resource Barriers - Financial (continued)	
Perceived Barrier	**Efforts to Overcome**
Funding.	Cooperative grants.
Funding.	Robert Wood Johnson Grant.
Lack of adequate funds.	Do not have enough nurses to service 86 schools; program being changed to become consultants.
Who is responsible for financing health program - the school system or the health department.	The health dept leadership views the school program as a continuation of public health. The local city government council members view the school system as the money bags since they have a broad tax base. The health department keeps health as the issue.
Financial support.	No willingness to put the financial burden on the property tax payor from either the city or school side. Continue to write grants, no luck yet.
Financial (not enough dollars for programs and personnel).	Attempts to develop innovative billing strategies to increase funds available for school health. Increase recruitment of volunteers to assist in school health related activities.
Lack of funding to supply staff for collaboration.	Involve funded programs (EPSDT, WIC, etc.) at the school site, so the staff can provide services related to the funded program as well as provide services in non traditional ways.
Minimal financial resources to address violence and other prevention services.	Violence is pervasive in families from all school districts. Local health department obtained small state grant to sponsor violence prevention training for schools. Training to incorporate development of policy initiatives, physical plant design changes, and crisis in prevention teams.
Adequate funding for teen health centers.	Grant writing; utilization of other agencies to provide services; third party on site reimbursement.
We do not have funding for such efforts.	Three school health forums - poor participation by schools. Attempted partnerships - schools unwilling to put up any dollars.
Budget constraints to increase nursing hours when needed.	Flexibility within the program to serve the priorities of each schools individual needs; gradually increasing time in schools when possible; limited some of the school nurse services we offer in schools unable to cover the cost.

Resource Barriers - Financial (continued)	
Perceived Barrier	**Efforts to Overcome**
Financial.	Since we don't have access to more funds or staff we have had to prioritize what we take on and what we give up. We have developed collaborative partnerships with private providers in one school and with the medical school in others. Reimbursement for services.
Lack of funding to start school-based health center.	Seeking funding through state, federal and private grants.
Adequate funding.	Lawsuit initiated to require DOH to provide mandated health service implementation to be completed over 5 year period of the allow city to fund this effort over an extended period.
Stable consistent funding.	Researching other funding sources, such as contracting with district for special services and accessing Medicaid funds. Involving other providers, such as those in school-based centers. Funding for school health services is county tax dollars with 40% reimbursement through state aid.
Reality versus expectations, i.e. financial constraints.	Seek innovative funding, receive some school funding, continue reality check.
Schools not available for use during non-school hours. Principals not willing to cover costs of utilities, security, etc.	Through other community based organizations, have paid for use of neighborhood schools for health education, health fairs and immunization programs.
Limited financial resources.	Supported school levy which passed on the fourth try.
Limitations of health department budget.	Currently exploring bond issues.
Commitment to health services.	Looking at grants to help supplement funding available; serving on task/areas that looks at school health lending support and leadership to issues and principles identified.
Financial constraints.	Legislature lobbying efforts.
Financial.	Collaboration and negotiation with local govt and school officials offer funding; grant applications to various sources for special projects and a school based clinic.
Cost-sharing for health activities.	Discussions continue with documentation of services offered by health department, no cost to schools.

Resource Barriers - Financial (continued)	
Perceived Barrier	**Efforts to Overcome**
Lack of funding for school-based center.	The health department is not able to provide services on a school campus. However, the districts have excellent school nurses and the director of nursing at our health department works with the school advisory boards. Schools must find their own funding and have not been able to do so.
Lack of funds and buildings.	A school health consortium is very active to facilitate coordination and establishment of other school based health centers on an as needed basis using established criteria.
Methods of funding.	In our state, school money comes from local taxes generated by the independent school district and state fund. Municipal funds do not contribute to the school system's budget for any programs, hiring, etc.
Limited funding for both health department and school district.	The State Department of Health is working to support school-based and school-linked projects throughout the state. Grants are competitive and early submission is essential for consideration. Also, the health department has initiated discussions with the local school districts with the aim to apply or joint funding.
Fiscal management.	Since the state has to increase and lobby requests for additional money, the locals must work closely to articulate and define needs. Additional problem of providing 1.5 FTE project initially, budget cuts in other programs make it difficult to continue this support; working with state to remedy this.
Lack of resources.	Levy for health services in city, partnership with community agencies, Medicaid administration match.
Funding for services at private schools.	City budget cuts/spending caps caused service cutbacks. Private schools were encouraged to advocate for or fund these services themselves. Efforts were unsuccessful. As a result, vision and hearing screening, nursing visits on a regular basis and participation in multi disciplinary staffing were cut.

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2. Resource Barrier - Personnel

Sixteen urban health departments in twelve states said limitations in skilled personnel and supporting staff were barriers to meeting the needs of their school health clinics.

Perceived Barrier	Efforts to Overcome
Staffing.	Contract with medical school to provide family practice and pediatric residents for school-based clinic coverage.
Volunteers from the surrounding community neighborhoods.	Work closely with school Parent Teacher Organization, FRWC coordinators, neighborhood agencies and public health nurse of area.
Cut back in school nurses.	Work with school nurses by assisting them to gain access to health care for students, accept phone referrals from remaining school nurses.
Providing a sufficient number of DHS physician preceptors to manage nurse practitioners at school sites.	Redirected "in-kind" physician time for school programs.
Staffing.	Delays in hiring staff have prevented a timely response to school districts request for service. Efforts continue to process personnel requests and assign staff as resources are available.
Decrease in school nurses resulting in little knowledge/attention of schools to health concerns.	Offered schools a chance to participate in administrative claiming (medical) to boost their funds which would cover health personnel such as nurses.
Lack of staff to provide direct service. A lot of schools would like to have their own full time sick care clinic for school and community.	Through community assessments we are helping them define and justify needs, help schools identify resources, support grant writing effort and "train the trainee."
Lack of personnel - health department on a hiring freeze.	Hiring temporary help to cover. However, it is difficult to hire nurse at the health department's salary - also, school system pays their nurses more.
Schools dictate type of health service in their district - too few nurses for student needs.	Participate again in community groups with schools to try and educate regarding student needs.
Public Health Nurses serve the schools as well as the community; Fifty-two schools, 29,000 students and only 20 public health nurses.	Assistance from school department in hiring school nurses.
Stress of school staff from other issues so they are less willing to address health issues.	Provide needed services as identified by school staff where feasible. Provide listening ear, individual health assessments, and counseling staff. Publish three one-page newsletters a year to provide school staff with up-to-date information on select health topics and services provided by health department. Advocate for issues.

Resource Barriers - Lack of Staff (continued)

Perceived Barrier	Efforts to Overcome
School personnel turnover.	In order to overcome this, the out reacher has had to get acquainted with practically the whole school. This way when there is a newcomer there is no need to start over again. This has required a greater effort and more school visits on our part.
Site does not provide diagnosis and treatment of minor and acute problems.	Attempting to fund a nurse practitioner for the provision of these services.
Staffing.	Increase physician staffing by one; develop nursing team to work with school.
Lack of staff resources to meet all requests for services by school staff.	The department is evaluating its program activities to determine priorities for programming.
Limited staffing hinders district school personnel involvement in areas outside of school district.	Consciously trying to involve school district staff in planning and development of grant proposals and program development to get their early buy-in.

3. Resource Barrier - Overall Capacity/Other

Barriers identified by urban health departments that appeared to be linked to a strategy of accessing additional or alternative resources are included in the table below. Urban health departments in thirteen cities in eight states discuss efforts to overcome transportation issues, language barriers and overall community support of school health services.

Perceived Barrier	Efforts to Overcome
Limitation of services.	Contract with Department of Mental Health and check for optometry services.
Establish programs utilizing existing resources.	Redirected existing resources.
Insufficient resources for school districts.	There are 27 school districts in County. Encouraged schools to look at health needs through the Children's Council. Regionalize needs in the community, develop a menu of services to be offered.
Limited resources.	Empower school districts and private sector to supplement public health efforts.

Resource Barriers - Overall Capacity/Other (continued)	
Perceived Barrier	**Efforts to Overcome**
Multiple requests for public health active participation in Healthy Start projects.	The health department has reorganized and combined public health, mental health, drugs/alcohol and health education and tried to designate that one health department representative can represent the wide range of disciplines. Reality has been that each discipline has finally sent representatives due to the importance of the Healthy Start effort.
Increasing complex medically needy children requiring more in-depth health care services enrolled within the regular school settings.	(New inclusion laws) County school system nursing staff are trying to assist in training and monitoring school staff who will be assuring responsibility for these students working in conjunction with assigned County Public Health Unit school nurse.
Language.	Joint in-service for nursing staff to provide health services for Spanish speaking families; secured Spanish translated school health manuals. Provide health services in two areas of culture specific populations (Hispanic and Southeast Asian).
Access/Transportation.	Provided mobile van services to under served areas within the city and the county. School sites provided extended hours for immunizations every evening M-F until 7 p.m. Provided on-site Hep-B immunization clinics for school staff.
Transportation to teen centers by other school districts.	Consortium services; expansion of clinic hours so one can visit early evening.
No longer able to continue scoliosis screening.	Convince Easter Seals or other community organization to conduct program.
Commitment to health services.	Looking at grants to help supplement $ available; serving on task/areas that looks at school health lending support and leadership to issues and principles identified.
Criminality.	Most of the schools are located in high-risk areas. In order to reach these students, activities have been planned as groups and mostly in daylight hours. Activities are previously announced to community so residents know who will be moving around. Providers selected from well known organizations.
No availability of transportation to STD clinics.	Teachers may bring the kids.

4. Resource Barrier - Lack of Time

Not enough time in the day or school calendar. These are some of the limitations identified by nine urban health departments in five states as barriers to school health services.

Perceived Barrier	Efforts to Overcome
Lack of access to teacher in-service time.	Experience has shown that schools often implement the Michigan model and other health care curriculum in fragmented manner. Local health department works with intermediate school district in providing training and back ground materials. Student assessment program is means for increasing access to in-service time as health education professional speaker.
Time.	Requests come in every semester from various grades requesting talks on several topics. Scheduling staff time can sometimes be difficult. We try to coordinate with other agencies to make sure presentations are provided.
Time constraints. The health department is a year-round service whereas the school system operates on a nine-month year.	County Health Department has modified our Service Coordination Project to provide year-round services for kids we serve and schedule all Individual Family Service Plans during times in which school staff are available. Communication has been open and efforts being made by school system to have year-round services.
Availability of school curriculum and classroom time to add something new. Time and financial resources for teacher training.	Health Department works with schools to assure that programs use teaching methods and styles congruent with current teaching theory for average age. Still need funds to reimburse school for substitute time so teachers can be released from classroom assignment.
Staff time restrictions; scheduling school time for youth education sessions.	Health educators target schools in census tracts with greatest need. Meetings held with principals and discussions with school district administrators.
Staffing.	Increase physician staffing by 1; developed nursing team to work with school.
Students cannot take time out of class to attend well baby clinic.	Only do immunizations, we cannot do health listing.
Time.	Trying to make staff dedicated toward schools (i.e. added new positions; included in job descriptions).
Limited school time.	Focus on RN as consultant. Training of school personnel on health and health related issues, facilitation of resources into school.

5. Resource Barrier - Lack of Space

Proper facilities providing adequate privacy and sanitation was mentioned by nine UHDs in six states as a barrier to school health services in their jurisdiction.

Perceived Barrier	Efforts to Overcome
Schools built without clinic space.	Mobile units ordered, expected in service by fall of 1995.
Space limitations.	Use of mobile health van.
Having adequate and confidential space and access to students.	Developing method of understandings with schools providing in-services to staffs about needs of students and necessity for having students released from class. Continue to struggle with space issue. In most successful efforts schools have provided space/materials once we have established a relationship based on shared responsibility for the children/families.
Lack of space on school grounds.	Flexible times and days to provide services most appropriately. Hope to purchase a mobile clinic van this year - will diminish space problem greatly.
Space very limited and department of education priority is for their staff/problems.	Continue to work with the department of education and other departments responsible for facilities to assure that there is joint planning for space. Develop memorandums of agreement as necessary.
Space in the school environment.	Nurse discusses with principal need for an area large enough to do medical exams and therefore, privacy is necessary. Hand washing facilities should be in the room or close to the area. If hand washing is not available, alcohol wipes are used.
Lack of appropriate space, including desk, access to private phone and locked file, and access to toilet and sink.	Advocate for appropriate space and resources reminding school administrators that we could extend our services with adequate support. Provide quarterly reports to principal regarding services provided to school by health department.
Overcrowding of schools, lack of space for nurses to work.	Nurses must be flexible and creative as well as assertive to identify private areas in which to work with students.
Lack of space in schools.	The county is building more schools and re-zoning. The schools with the greatest need are the most heavily populated and all the classrooms are used; classroom space is first priority, not student health services.

Societal

Refers to individual and group beliefs; subcategories included community and/or parent responses to sensitive issues, administration wariness to community response, and outright service restrictions. Common response strategies were to start with areas everyone could agree on, dialogue and build grassroots support, and use a referral system.

1. Societal Barrier - Sensitive Issues: Community/Parent

Community concerns on issues such as family planning made this subcategory the second most reported barrier encountered by urban health departments. Thirty urban health departments in twenty states provided insights into how they are addressing this most difficult and emotional of topics.

Perceived Barrier	Efforts to Overcome
Legislation for K-12 comprehensive school health education (Healthy Student Act).	Barriers not overcome yet. Years have been devoted to working with legislators. The legislative climate is one of conservatism. Bills to mandate health education in the schools have been written but never passed.
Misperception that school-based center's are birth control pill or condom mills targeting unsuspected youth.	Position information campaigns, re: the benefits of school-based center (SBC) services. Networking with school and elected officials, re: benefits of SBC, sharing position success stories with supporters of SBCs. Publishing quarterly/annual data updates. Educating staff in SBC on their role in decreasing reactionary response.
The community opposes services that include family planning.	There has been numerous public meetings with the schools and various community factions that are adamantly opposed to specific family planning services and education. agreement and consensus on school based health services with follow-up referral was obtained. Education with special focus on abstinence was agreed upon.
Parental fear of health services/education related to STDs, birth control and pregnancy.	Information provided to school districts for individual adaptation; focusing school-based services at elementary level.
Traditional resistance of schools to provide family planning services to adolescents.	Discussion and collaboration on little programs - some alternatives considered such as mobile clinics or transportation to community clinics.

Societal Barriers - Sensitive Issues (continued)

Perceived Barrier	Efforts to Overcome
Parental fear of school based clinic.	Parent meeting to address fears, re: birth control being brought on campus. Memo of understanding developed to state specifically what would be provided.
Conservative nature of community seeking health education. Health services seen as synonymous with sex and reproductive services.	Explain broader view point. Working with coalitions with ideas of finding common ground, mobilizing all views to attempt to reach consensus. Serving on advisory board in communities.
Organized political opposition to school-based health centers (SBHCs) by small vocal group.	Public relations efforts to correct mis-information regarding SBHC (distribution of condoms take away parental control) presentations to superintendents and local school boards development of informational brochure.
Philosophy of sexuality education.	Service on advisory committees and meetings between administration. Cooperative planning meetings within the community. Discussions with school board members, re: teenage pregnancy rates.
Hesitancy of school board to allow services in schools.	Explanation of need for services what specifically services will be; patience in dealing with schools and initiating additional services; evaluations and explanations of programs.
Community concern that school-based services will provide contraceptives to students.	We have attempted to educate the public about the type of services that are provided.
Perception that health department dispenses contraception.	No single effort; one-to-one clarification of facts.
Great concern in districts that health agency will hand out birth control.	Have refocused efforts to grade school levels where birth control not an issue.
Community perception of school-linked clinic.	Public forums, developed advisory board, clear policy statements, open door to community to visit clinic.
A conservative philosophy of sex education and AIDS prevention.	The health department has received a state grant for a pilot program of postponing sexual involvement and reduced risk; school system approved.
Parents feared school-based health center would force birth control on students.	Forum held with groups to try to overcome problems with sex education and birth control issues. No consensus was ever reached.
Pro-life faction.	Educate, Educate, Educate.

Societal Barriers - Sensitive Issues (continued)

Perceived Barrier	Efforts to Overcome
Community's negative attitude toward school-based clinics.	Educate public to value of school-based services; demonstrate worth of school-based centers beyond services provided for family planning.
Acceptance of sexuality needs of student.	Provide resource materials and speakers for human growth and development classes; participate in curriculum development as allowed. Provide parent sessions to view materials. Develop trusting relationship with school staff. Write newspaper articles on comprehensive sexuality education in response to letter.
Politics.	Influence at the Christian Right. Continued respectful negotiation between Boards of Health and Education.
Community fears about the services we provide, i.e. Sexuality, pregnancy prevention.	We try to include school, community, parents, students and staff in surveys to ascertain desire of the community. We have parent advisory group in each school. We do not limit ourselves to controversial programs but offer broad based services.
Parent teacher association is dominated by a group of parents who adamantly oppose any and all health education in the schools and any health services being provided in the schools.	Respond to requests by students for class presentations on STD, family planning and HIV/AIDS; provide injury prevention safety promotion presentations on requests; provide information in-services to school nurses.
Health services identified as "sex services" giving birth control.	Continuing education to community; working with groups and providing limited health service to help open up other more extensive service opportunities; joining together with other groups with same interests to gain broader base of support.
Conservative community.	Public school is "off base" for some areas of health education and services, i.e. Family life education increased teen pregnancy rate in state. Very difficult to overcome influential people in community against many programs.
Ultra conservatives (politically) and fundamentalists (religious).	Unable to discuss in a forum the needs to educate children as regards social mores and sexual practices leading to infections and subsequent secondary.
Religious opposition to public health role in family planning.	Concentrate on elementary or less aged child.
Conservative groups opposition to school health initiatives.	Community involvement in planning and implementation; constituency building.

2. Societal Barrier - Administrative Fear

While this subcategory could easily be folded into the *Sensitive Issues: Community/Parent* table (above), eight urban health departments in seven states appeared to focus more on the school districts reluctance to address certain issues. Four health departments used a community-based approach to "open the door." Community partners, such as Parent Teacher Associations, can be an effective way to lower administrative resistance. Limitation of services to elementary grades and limiting the curricula content were other approaches mentioned.

Perceived Barrier	Efforts to Overcome
Elected boards fearful of conservative parent outrage over sex related activities.	Health department initiated programs only in Elementary Schools. Middle School services are now only being discussed, High School is still taboo. Health department also has taken strong sexual abstinence position in public discussion.
Many districts want to avoid many topics.	Action by coalitions to educate district patrons and board regarding health issues through media, meetings, etc. Seek common areas which are acceptable by/to all districts as a starting point.
Reluctance to address sensitive topics and services related to sexuality and reproduction.	County Health Department collaborating with public schools to pilot two human sexuality curricula in classroom settings. A more comprehensive parenting and family life skills curriculum available to be taught, but never adopted. County sued in 1991 by parents for sex education.
Administrations fear of public reactions to some topics such as pregnancy prevention.	Exposure of local problems and co-author content with school before presentation - efforts to involve parents with a pre-presentation meeting of which programs is pre-viewed and presenter is available for questions.
Reluctance to incorporate messages related to sex education.	Education projects such as HIV/AIDS/STD communicate with schools in panning to insure appropriate content within schools comfort boundaries.
Conservative school board numbers.	The main concern is family planning issues in the adolescent population; currently Reno has 2 school-linked health clinics in both family resource centers. The plan is to start slowly at the elementary level and expand services in the future.

Societal Barriers - Administrative Fear (continued)	
Perceived Barrier	**Efforts to Overcome**
Hesitancy of school administration to allow health department to present sensitive and perhaps controversial issues, e.g. family life education.	Since the major concern was parental objection, we worked with the PTA, educating them to the value of the information, program and services, and then had the PTA approach the school administration with their request.
Reluctance of schools to allow/provide preconceptual health information to students to market teen health care services.	Working with Better Beginnings Coalition and the school medical department to provide information to teens off-site. The health department has recently received permission to post information (general) regarding teen services in middle and high schools.

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3. Societal Barrier - Services Restricted

Six urban health departments in four states described specific barriers to the delivery of school health services.

Perceived Barrier	Efforts to Overcome
Teen pregnancy prevention allowed on campus.	Work within the collaborative and provide other assistance. Governing boards are more willing to add service. Provide services off campus but in close proximity to school offer services to whole family and extended family if non-students receive/request services (family members).
Providing pregnancy prevention information, birth control, condoms.	This is an issue we have yet to overcome. Each of our 33 school districts prohibits the dispensing of information or supplies. We will be addressing this issue in the Maternal Child Health Strategic Plan.
Unable to fully promote family planning.	Refer children to other clinics and compliance rate is poor. Provide counseling to fullest extent.
Family planning advice not allowed in schools.	Make family planning available after hours at health department.
Provide presentations on sensitive subjects such as sex education.	Each case worker must take and pass an extensive workshop provided by the school district to be certified to teach and present subjects on human growth and development.
Extremely conservative views regarding school health.	School nurses are restricted to traditional roles of screening (vision/hearing) etc... School-based and school-linked clinics have not been supported by parents in general due to fears of mass condom distribution.

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Systems

Refers to limitations in structures, vehicles, process and procedures; subcategories included coordination issues, bureaucracy and regulations, communication channels, collaboration, planning efforts, service provision, privacy issues, technology and liability. Common response strategies were: 1) ensure that key individuals have been identified, buy into the effort, and provide oversight; 2) use interagency agreements; 3) use a lot of face-to-face contact; 4) use community forums; 5) create new structures to facilitate school based health care; and 6) use broad based community input in planning.

1. Systems Barrier - Coordination

Concerns around coordination of school health services was the third most reported barrier behind financial restrictions and sensitive issues. Twenty urban health departments in eleven states provided barriers ranging from shear size of jurisdiction to number of schools to decentralized management systems. Different funding streams required different reports. Coordination difficulties were not limited to the health department-school dichotomy, but occurred inside health departments as well.

Perceived Barrier	Efforts to Overcome
Each school district is autonomous; there are over 200 in the state.	Each agreement/program must be developed independently: 1) Development of coalitions to support appropriate legislation, 2) Development of public/private partnerships to provide information and education to school boards and state legislators, and 3) Provision of quality services when schools request help.
Parental consent.	School develops consent form with Parent Teacher Organization and primary care providers (not the health department in this case).
The large school systems often do not coordinate program efforts.	It is often more effective to work directly with the principals to get things accomplished.
Sometimes a lack of coordination among the health department divisions which are working with the schools.	We now have a team with representation of all divisions having interaction with area schools. Their goal is to improve service coordination.
Coordination.	Collaboration and coordination of efforts involves a lot of time. The school district had to hire a full-time staff member to pull the effort together. Collaboration cannot be successful if it is dependent upon voluntary efforts to persons who have full-time jobs in their agencies.

Systems Barriers - Coordination (continued)

Perceived Barrier	Efforts to Overcome
Each Healthy Start school managed differently.	Healthy Start collaborative meetings held quarterly; meeting this quarter focused on suggestions to streamline referral and services in individual method of understandings. More central control without stifling creative approaches with each school.
Duplication of services.	Identify service level and need - work collaboratively - planning and special projects targeting specific communities for blended funding.
28 autonomous school districts.	Work closely with local dept of education. Unify strategies through a county board of supervisors created children services coordinating committee.
The high number of school districts means that ventures with the health department must be revisited, reviewed, etc... by each individual district before permission is received to collaborate.	We have specified high-need schools and concentrated our efforts with them.
Decentralization of authority.	As County is extremely large school district, principals have autonomy to set individual school priorities. Efforts to gain mutual agreement on basic policies and procedures, especially for immunization records and emergency situations.
Logistics (lack of coordination by management on both teams).	Working in separate facilities and rarely sharing common planning time was a true barrier. This has been overcome by the superintendent's willingness to provide office space in the school board building for the County Public Health Unit, school health coordinator and four additional health department staff.
Enormity and complexity of County.	Several times a year the school health coordinator speaks to all school registrants. This year plans are in place to do the same for school counselors and social workers.
Coordination of services at times.	The health department, in its contract with the school system, has delegated on position as the supervisor or coordinator of health services which dovetails with mandated State Board of Education requirement that local school district is to have a health coordinator.

Systems Barriers - Coordination (continued)	
Perceived Barrier	**Efforts to Overcome**
Coordination of health education/ promotional activities.	Overcoming barrier required seeking out/working with local area school officials and working with local parent groups and community organs. All activities of the health centers involved participation from one or more of the above groups.
Lack of coordination between the schools and mental health substance abuse services.	In fall of 1990, local health department developed a central assessment unit and began providing student assistance program services to participating school districts. Local health department serves as primary point of intake for student assistance screenings and substance abuse assess with subsequent referral to appropriate treatment agency.
Cooperation/coordination of joint efforts.	Cooperation and coordination on several joint efforts, ie. Measles outbreaks/ immunizations. TB screening with the schools has been challenging from a financial and systems perspective. Continuing to work together has been helpful and flexibility is always necessary.
Service delivery in schools is chaotic: School-based centers - state funded; school-based centers - city funded; Board of Education has to provide for mandated reporting of service; Department of Health has some mandated service.	Currently city department of health is meeting with State Department of Health to standardize the school-based centers interaction with city which provides public health case management services. City Department of Health and city Board of Education meet regularly to collaborate on assessment strategy.
Size - 57 individual school principals, 26 public health nurses.	Consistent ongoing training and education by both agencies to keep their staff informed of policies, procedures and areas of responsibility.
Lack of coordinated integrated child focused family centered community based services.	Mayor established a Mayor's Children and Families Cabinet which includes all city operating departments and the city school district to provide coordinated integrated child and family centered community based services.
Duplication of services.	Program and school administration are working on a list that will detail all the health services that the school district, as well as other agencies, provides to the students and their families.

2. Systems Barrier - Bureaucracy: Rules/Regulations

Bureaucracy was encountered by eighteen UHDs in fourteen states, making it the fifth most reported barrier to collaboration in school health services. One health department's poignant response best summarized the efforts of all: *"Persistence, tenacity, diplomacy."*

Perceived Barrier	Efforts to Overcome
Public Health and schools are funded through separate restricted pools of revenue.	State level memorandum of understanding have been drafted but full jointly funded operations are difficult.
Bureaucratic barriers.	Continuous collaboration and communication within a common goal to serve children and families.
Bureaucracy between agencies.	Each agency is part of a very large bureaucracy. The interagency agreement has helped, however, with some schools being covered by district school system and some by the health department, there are differences between their approach; joint meetings are held.
Bureaucracy.	Work with local community group - project attention which offers social services to schools in that setting.
Poor salaries to keep staff to provide continuity.	Working on improving salaries through civil service.
Two separate governing bodies for school nurses.	School nurses are employed locally by each school district based on funding. They have no medical protocols or supervision by medical staff which unites their activities. School nurses were resistant to invitation to become public health nurse because they fear they would lose their summers off.
School District under Fed desegregation order, little room for negotiation. Health not addressed in order, nor is it funded, so it doesn't get done.	The District is currently providing school-based clinics in some high schools funded through a Medicaid/private foundation funding stream with hope for expansion. The health department is attempting to be a partner in this process.
Policy differences.	The County Health Department has participated in planning activities since 1989 when a public health nurse was first assigned to the team by Chief of Public Health Nursing; also signed a Statement of Agreement with the Public Schools and Department of Social Services to collaboratively work together to provide service coordination for children 0-3.

Systems Barriers - Bureaucracy: Rules/Regulations (continued)

Perceived Barrier	Efforts to Overcome
Confusion over State regulations - Department of Education versus Department of Health.	Consulted with regional office state education and health department representatives for clarification (re: assisting with development of school based clinics by the school district).
School nurses cannot provide health/prevention services, e.g. immunizations.	Many children, especially 7th graders excluded d/t (inadequate immunizations). Now health department nurses go to middle school and give immunizations while school nurses assist with consents and other paperwork.
School and health are two different and complex systems.	Contracts/agreements needed to be detailed and each party's expectations and responsibilities reviewed annually.
Law statutes.	Collaboration with school districts as of 1994 law changed and we can now provide some services on school premises.
Organizational and funding requirements which preclude optimal service delivery.	Recommendations to consolidate all health, educational and social services funding streams (prenatal) into non-profit authority to be created through agreement among school district, Department of Health and Department of Human Services.
Government mandates for school systems (especially for CHSN) which are "sent down" without funding and/or are promulgated by those with inadequate understanding of health care in school settings.	Hardest to address - raising level of public awareness. Efforts to increase number of school nurses so schools have resources to address needs of these kids.
Bureaucratic hurdles of collaboration between agencies.	Persistence, tenacity, diplomacy.
School district bureaucracy.	Making local school districts aware of the barriers some of their systems/policies pose and working with them to minimize those barriers. meeting more regularly with top school district administrators on a variety of issues.
Turf and bureaucracy/who's in control?	Continue working together with outside and community based agencies. - Right people are together at the discussion table - Highest access to policy makers.
School mandates and educational model have a different focus from public health model.	Example: Until fully oriented, school nurses focus on meeting minimum immunization requirements rather than the optimal levels, while working on a collaborative immunization project.

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3. Systems Barrier - Communication

Thirteen UHDs in thirteen states identified the physical process of communication as a stumbling block to providing school health services. This subcategory focuses on the structures (non-people) that often impede coordination and collaboration. The communication/education/knowledge subcategory found under *Attitude Barriers (See page 36)* looks at the building of commonalities between people (language, cultures, etc.).

Perceived Barrier	Efforts to Overcome
Presently the schools do not have their services listed in a way that other schools or the community can be aware of the activities occurring.	We have formed a youth coalition and part of the vision is to automate activities in all the Berkeley schools and the recreational activities offered by the city.
Communication.	Established an interdepartmental committee that meets regularly; school nurses invited to sit on student assistance teams.
Poor communication between agencies involved in school-based health center.	Establishment of advisory committee. Composition of same will be community residents, parents of students enrolled in center, students, school staff and community organizations.
Some public schools do not communicate/cooperate with Public Health Nurses.	Meeting with principals/superintendent.
Inadequate use of services (Adolescent Wellness Program, Committee Youth Program).	Work with student support team to identify needs of students and inform faculty and staff of resources.
Communication to principal, faculty and parents.	Attend faculty meetings and PTA meetings.
Effective communication between local school district, local health department, state education, state health.	A school health partnership team has been in existence for almost one year specifically to address neutral areas of concern between district staff and health department staff. Team consists of members from all levels of personnel. A joint vision, mission & strategic plan have been developed. Gains have been made.
Communication.	We have identified one person with the health department and one with the school system to address and route all information related to school health; this is working well.
Communication between school administration and school nurses.	We make the effort to communicate with the nurses individually in order to ensure that they receive correct information.

Systems Barriers - Communication (continued)

Perceived Barrier	Efforts to Overcome
Public lack of knowledge about comprehensive school health, failure to communicate between agencies about subject areas that cross agency lines, failure to comprehend impact of CHSN on schools.	Written communication copies to all appropriate parties in all agencies. Raising questions which require interagency communication. Attempt to involve high level administrators. Participation in interagency task forces to work on problems. Facilitate grass roots involvement by parents and teachers.
Communication.	Schools want on-site acute care. Our health district provides preventive education and care. We standardized our outreach program to schools, set up meeting of multiple levels with the school district (superintendent, school nurse) to explore services.
Communication.	Formation of local interagency councils which include representatives at the local level from health, school districts, human services and juvenile justice; regular meetings are held to assist referred families and make policy.
Non-public school, enter only by request.	Describe services and available ourselves if needed.

4. Systems Barrier - Collaboration

Whereas cooperation and coordination can be used interchangeably when discussing system interactions, the term collaboration refers to a higher plateau of intra-agency and interagency effort. Collaboration requires a joint investment in such infrastructure as technological applications and information systems, facilities and equipment, training, technical assistance and administrative support. Eleven UHDs in eleven states describe efforts to build collaborative structures to support school health services.

Perceived Barrier	Efforts to Overcome
Difficulty developing collaborative teams in school-based health centers.	Teamwork and development of formal policy and procedure manual for use in informing new staff of general expectations.
Funding streams.	Federal and state departments do not require coordination of agencies administering the same type of programs, i.e. AIDS prevention and counseling. We are currently attempting to set up joint committees.

Systems Barriers - Collaboration (continued)	
Perceived Barrier	**Efforts to Overcome**
Two large bureaucracies translating plans to actions.	Pre-planning for emergency situations: measles, meningitis outbreak; regularly scheduled meetings with environmental staff and school nursing staff.
Independent solutions development to common problems.	Need more communication to assure maximization of resources, prevent gaps and duplicate efforts. More collaborative decision making, establish new memorandums of agreements where necessary.
Building partnerships with Public Schools.	We continue to link schools to their closest Urban Health Center. The rapid turnover of superintendents in schools makes building partnerships hard. With little help or support we continue the goal of the EPSDT program. We are also continually trying to build collaborations.
Public health nurses are unionized with Teamsters organization.	Work with union in helping/trying to institute changes.
School nurses are employees of the school districts.	Network constantly with individual school nurses and their administration; offer information/training regarding communicable diseases, community resources, etc.
Working with three school systems in county.	Resolved by merger of systems to one previous to merger health department meeting monthly with administrative representatives to resolve difference related to policies and procedures of three systems.
Competition for dollars and services.	Partnership building to spread scarce resources more effectively, more intensive efforts at integration and collaboration.
No history of collaboration with ensuing trust and open communication.	Participation on committees concerned with school health issues, providing consultation on health problems, interpretating role of the dept, offering services where gaps exist and resources permit. There is a need for more collaboration between health and education at federal, state, and local levels.
Barriers to ongoing and significant collaboration between public school and public health in a variety of programs/areas due to: insufficient time and staffing to allow collaboration.	Ongoing; school mandates and educational model have a different focus from public health model. (example: until fully oriented, school nurses focused on meeting minimum immunization requirements rather than optimum levels while working on a collaborative immunization project).

5. Systems Barrier - Planning/Administration

Ten urban health departments in nine states perceived problems in the planning process as a barrier to collaboration in school health services.

Perceived Barrier	Efforts to Overcome
Short-term focus for long-term goals.	Self-education regarding normative goal setting and incremental problem solving.
School boards.	Develop ongoing relationships with schools and school districts so that there is a full understanding of the role of public health in the community; provide programs through teachers rather than administrations.
Categorical funding with different department priorities.	Re-working at our interagency schools health planning group to possibly redefine its role and responsibilities to assure more coordination and collaboration.
Determining scope of services.	Involving students, parents, faculty and administration in determining scope of services.
Mutual health planning.	Works with support staff to identify areas of mutual concern i.e. immunization access to schools from clinical services use of school nurse.
Managed care is creating a new maze for identifying and referring children to appropriate source of care.	School-based centers and city DOH are meeting to help direct the recommendations regarding reimbursement managed care referrals and quality assurance of care.
Equitable division of school health responsibilities.	Continue to participate in school health strategic planning forums.
Non-consistent service boundaries for health and social services.	County formed geographic planning/service teams and invited others with similar boundaries to join in. County executive working with mayor and school district officials regarding charges in service districts.
Need for community driven network of services.	School district has convened a planning process to change its organization to 22 neighborhood clusters. The Department of Public Health is an active participant to assure availability and accessibility of physical and mental health services.
Formation of a plan to target schools that are most at risk.	Program is working with school and administration and other health agencies that will form a forum to provide and review statistical information on each school concerning health and social issues to assess where each school has most of its needs.

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6. Systems Barrier - Service Provision

Five urban health departments in five states identified specific service level obstacles in the delivery of school health services. Their efforts reflect changes in direct service delivery.

Perceived Barrier	Efforts to Overcome
Child actually present at school on the day the exam is scheduled.	1) Appointment letter sent to parent notifying of day and time, and 2) Try to find out school activities prior to scheduling to see if child will be there.
Obtaining approval from the School Board to provide services.	Initially, flyers were placed in school advertising sources, then sports physicals were offered at a reduced cost. Since then, numerous calls requesting assistance have been received. The school based request services not provided by them such as dental and immunizations.
Limited health promotion through health education.	The role of the school nurse has been limited in many respects and school nursing services are too task (injury/illness care) focused. Our all baccalaureate prepared staff are highly qualified and enthusiastic - would like to participate more in health ed planning and implementation.
Outsiders (community persons) entering the school for services.	Limit access hours, provide sign-in/sign-out system with name tag, limit the number of persons occupying the clinic at a given time (ie. Patient and all of their friends).
Services are limited to elementary age children and siblings.	Referral network for middle and high school children.

7. Systems Barrier - Privacy/Information

Four urban health departments in four states identified insurance of confidentiality as a significant barrier to collaboration in school health.

Perceived Barrier	Efforts to Overcome
Sharing confidential information.	We have developed a single consent to release information form and have begun to train all multi-disciplinary teams working at each site on how to use this process. Collaboration across departments/disciplines and integration of services is a primary focus of our efforts.
Confidentiality issues in school health centers.	We are working through this issue; sharing data, what information medically is protected, school policies etc...using both lawyers.
Lack of access to free lunch eligibility list.	We have worked with the food service director to secure names when the waiver has been signed. Plan to discuss this further in an effort to get more parents informed regarding the purpose of the waiver; this might be possible through the school's media channel or publications.
Access to social security numbers on school files.	Discussion with superintendent of schools.

8. Systems Barrier - Technology/Data Systems

Two urban health departments in two states identified technology barriers which impeded school health collaboration efforts.

Perceived Barrier	Efforts to Overcome
Sluggish financial management system.	Established a contract with a 330 to eliminate difficulties associated with the local governments financial management system.
Data issues merging school and clinic data.	Joint school/health department planning and establishment of policies and procedures.

9. Systems Barrier - Liability Issues

Two urban health departments in two states identified liability concerns as barriers to school health collaboration. In both instances the health department took responsibility for service provision.

Perceived Barrier	Efforts to Overcome
School administration will not allow school nurses to administer immunizations due to liability concerns.	Department sends public health staff out to give immunizations.
Fear of liability.	Health department has to pay to rent any school owned facility unless school has requested help. Health department has to employ and pay nurses who provide services on campus, work with school district to provide requested services.

THE URBAN HEALTH DEPARTMENT SCHOOL CONNECTION:

SECTION III

SUCCESS STORIES IN SCHOOL HEALTH

1995 Profiles of Urban Health Department Initiatives		Providing Health Education			Assuring the Delivery of Health Services									Collaborating with the Community				Other Components of a Comprehensive School Health Program				Other	
							Direct Service Delivery																
	Page Number	Promoting Healthy Behavior	Curriculum Development	Other	Needs Assessment/Planning	Parental Consent	Screening	Immunizations	Family Planning	Primary Care	Dental Care	Case Management	Mental Health	Inter-agency Collaboration	Community/Parent Participation	Fund-raising	Other	Nutrition	School Environment	Physical Education	Health Promotion for Staff		
Birmingham, Alabama	73	●					●	●	●	●		●	●		●			●	●	●	●		
Mobile, Alabama	74				●	●																	
Phoenix, Arizona	75	●	●		●									●					●		●		
Tucson, Arizona	76	●			●					●			●	●				●	●				
Little Rock, Arkansas	77												●										
Berkeley, California	78	●							●	●			●	●									
Fairfield, California	79							●															
Fresno, California	80	●										●	●	●				●	●				
Long Beach, California	81		●					●								●							
Los Angeles, California	82									●				●									
Modesto, California	83				●								●	●		●		●	●				
Monterey, California	84				●		●	●						●				●					
Oakland, California	85	●									●	●		●					●		●		
Pasadena, California	86	●										●	●	●						●			
Sacramento, California	87	●									●							●					
San Bernardino, California	88	●								●		●	●		●			●			●		
San Jose, California	89	●					●					●	●	●					●				
Santa Ana/Anaheim, California	90	●						●		●		●	●	●				●					
Santa Rosa, California	91	●						●		●		●	●	●				●					
Stockton, California	92	●										●	●		●								
Ventura, California	93	●					●						●		●			●					
Colorado Springs, Colorado	94	●	●												●								
Denver, Colorado	95	●								●			●	●									
Englewood, Colorado	96	●										●					●						
Lakewood, Colorado	97	●	●					●							●								
Waterbury, Connecticut	98									●	●	●	●		●								
Wilmington, Delaware	99	●								●			●	●				●					
Fort Lauderdale, Florida	100	●																					
Jacksonville, Florida	101	●									●			●									
Miami, Florida	102	●								●			●	●				●	●	●	●		
St. Petersburg, Florida	103	●								●			●	●				●	●	●	●		
Tampa, Florida	104	●					●			●													
Atlanta, Georgia	105						●			●	●			●									
Columbus, Georgia	106	●					●					●											
Macon, Georgia	107	●					●	●							●								
Savannah, Georgia	108	●					●							●									
Honolulu, Hawaii	109	●			●					●				●				●	●	●	●		
Boise, Idaho	110											●		●									
Chicago, Illinois	111	●					●	●		●	●	●	●	●				●		●	●		
Peoria, Illinois	112	●					●	●		●	●			●									
Evansville, Indiana	113	●					●						●										
Topeka, Kansas	114	●								●								●	●		●		
Wichita, Kansas	115	●				●				●			●	●	●								

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1995 Profiles of Urban Health Department Initiatives		Providing Health Education			Assuring the Delivery of Health Services									Collaborating with the Community				Other Components of a Comprehensive School Health Program				Other	
							Direct Service Delivery																
	Page Number	Promoting Healthy Behavior	Curriculum Development	Other	Needs Assessment/Planning	Parental Consent	Screening	Immunizations	Family Planning	Primary Care	Dental Care	Case Management	Mental Health	Inter-agency Collaboration	Community/Parent Participation	Fund-raising	Other	Nutrition	School Environment	Physical Education	Health Promotion for Staff		
Lexington, Kentucky	116									●				●					●				
Louisville, Kentucky	117	●								●			●	●					●		●		
Portland, Maine	118	●					●				●				●			●					
Baltimore, Maryland	119	●	●				●	●	●	●	●	●	●	●									
Boston, Massachusetts	120	●	●												●						●		
Lowell, Massachusetts	121	●								●			●	●				●		●	●		
Ann Arbor, Michigan	122				●																		
Flint, Michigan	123	●						●							●								
Grand Rapids, Michigan	124				●								●	●					●				
Lansing, Michigan	125	●					●	●				●											
Mt. Clemens, Michigan	126						●			●													
Westland, Michigan	127							●															
Minneapolis, Minnesota	128	●	●					●															
St. Paul, Minnesota	129							●															
Jackson, Mississippi	130	●											●		●								
Independence, Missouri	131	●					●						●		●			●					
Kansas City, Missouri	132			●															●		●		
St. Louis, Missouri	133	●				●		●															
Billings, Montana	134	●					●			●					●								
Lincoln, Nebraska	135	●										●	●	●				●	●		●		
Omaha, Nebraska	136	●	●															●		●			
Las Vegas, Nevada	137	●					●	●							●								
Reno, Nevada	138	●						●															
Albuquerque, New Mexico	139	●								●			●	●		●				●			
Manchester, New Hampshire	140	●								●			●	●				●		●	●		
Albany, New York	141	●				●					●												
New York, New York	142	●									●												
Rochester, New York	143						●							●									
Syracuse, New York	144	●							●	●		●	●	●				●					
Charlotte, North Carolina	145	●					●			●		●	●	●				●	●		●		
Durham, North Carolina	146	●							●	●		●	●	●				●	●	●			
Greensboro, North Carolina	147	●	●						●														
Raleigh, North Carolina	148	●	●				●			●		●	●	●				●		●	●		
Winston-Salem, North Carolina	149	●								●		●							●				
Cleveland, Ohio	150	●																●					
Columbus, Ohio	151	●											●								●		
Dayton, Ohio	152	●	●																		●		
Oklahoma City, Oklahoma	153	●	●										●										
Portland, Oregon	154	●								●		●	●	●						●	●		
Salem, Oregon	155	●					●						●	●							●		
Allentown, Pennsylvania	156	●									●												
Erie, Pennsylvania	157	●					●					●		●				●	●		●		
Philadelphia, Pennsylvania	158	●										●			●								

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1995

Profiles of Urban Health Department Initiatives

		Providing Health Education			Assuring the Delivery of Health Services									Collaborating with the Community				Other Components of a Comprehensive School Health Program				Other	
							Direct Service Delivery																
	Page Number	Promoting Healthy Behavior	Curriculum Development	Other	Needs Assessment/Planning	Parental Consent	Screening	Immunizations	Family Planning	Primary Care	Dental Care	Case Management	Mental Health	Inter-agency Collaboration	Community/Parent Participation	Fund-raising	Other	Nutrition	School Environment	Physical Education	Health Promotion for Staff		
Pittsburgh, Pennsylvania	159	●					●				●			●									
San Juan, Puerto Rico	160	●											●	●					●		●		
Sioux Falls, South Dakota	161							●															
Memphis, Tennessee	162	●								●			●	●				●	●	●	●		
Nashville, Tennessee	163	●	●										●	●					●		●		
Austin, Texas	164	●					●	●		●		●	●	●									
Dallas, Texas	165	●	●												●				●		●		
Fort Worth, Texas	166	●					●	●		●			●	●									
Houston, Texas	167	●													●								
Irving, Texas,	168	●					●																
Laredo, Texas	169	●						●															
Lubbock, Texas	170							●															
San Antonio, Texas	171						●																
Salt Lake City, Utah	172	●								●				●	●			●					
Burlington, Vermont	173	●					●					●	●	●				●	●	●	●		
Alexandria, Virginia	174	●	●										●		●			●		●			
Portsmouth, Virginia	175							●															
Virginia Beach, Virginia	176	●						●															
Seattle, Washington	177	●								●		●	●	●					●		●		
Spokane, Washington	178												●		●								
Tacoma, Washington	179	●												●				●			●		
Madison, Wisconsin	180	●						●															
Milwaukee, Wisconsin	181	●	●						●			●	●	●									

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Birmingham, Alabama

Program: Ensly School-based Health Clinic
Contact: Jany Moore, C.R.N.P., Clinic Manager
Phone: (205) 930-1401
Start Date: 01-01-87

Target population:

Teenage students at Ensly High School.

Accomplishments:

Today, more than 500 students actively participate in the CHOICES program. Nearly half of the school's population gathers in small groups for weekly discussions on topics ranging from Christianity to the football game last Saturday to abortion. Staff members at the Ensley clinic, who treat up to 20 students per day, try to answer their emotional needs in addition to providiing basic health care.

Purpose:

The school-based health clinic at Ensley High School offers on-site health care ranging from treatment for a headache to diabetes testing and advice on birth control. The clinic offers on-site prenatal care to teen mothers as well as follow-up care. By eliminating a perceived labels from topics like rape counseling, staff helped remove the stigma many teens associated with counseling.

Has program been evaluated?

Yes.

Has program been tried elsewhere?

Yes. Another health center implemented the program in a high school in 1991.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Nutrition Services
Healthy School Environment
Physical Education
Health Promotion for Staff

Funding Method:

EPSDT
Local Tax Dollars
Medicaid
Private Foundations

Estimated Annual Budget:
$180,000

Source: 1995 CityMatCH Survey

Mobile, Alabama

Program:	Healthy Schools/Healthy Communities
Contact:	Joe Dawsey
Phone:	(205) 690-8115
Start Date:	10-01-94

Target population:

Middle school grades six through eight (ages 12-16). The student body is 98 percent black with very limited access to health care.

Accomplishments:

Accomplishments to date include a needs survey of the students and acquisition of parental consent for care.

Purpose:

Clinic was scheduled to open in January 1994. Since the October 1994 project start, we have stationed a social worker and health educator on site at the school while the clinic was being renovated.

Has program been evaluated?

No.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Healthy School Environment
Health Promotion for Staff

Funding Method:

Health Centers Section 330 PHS
Corporate Donations
EPSDT
Medicaid
Patient Self-Pay
Private Foundations

Estimated Annual Budget:
$220,000

Source: 1995 CityMatCH Survey

Phoenix, Arizona

Program:	Child Care Consultant/Health & Safety in Child Care Training Project
Contact:	Karen Liberante
Phone:	(602) 506-6663
Start Date:	01-01-89

Target Population:

The target population includes all who provide service to children between birth and five years of age in any type of child care setting.

Accomplishments:

Several curriculums have been developed including "The Communicable Disease Flip Chart," "The Safety Flip Chart," "County Kids Health Connection," "Child Care Health Newsletter," "Teaching Others About Health," the training curriculum for Southwest Human Development Region Nine Teaching Center and the CDA and Safety Modules for Central Arizona College. These have been written or prepared for educating or training child care, early education and public health professionals. Many CDA Advisors have been trained to teach module content to those who provide child care throughout the county.

Purpose:

The Health & Safety in Child Care Training Project is designed to foster a working relationship between early childhood programs; the agencies that license and monitor the grouped settings; the offices; agencies; and schools that provide training; and the Public Health Department.

The goals of this project are:

- To upgrade the health and safety standards in child health care programs, including preschools, by using existing programs or agencies in the state
- To provide direct training, educational materials and consultation services to other "trainers" of child care professionals and related fields. Efforts include identification of health and safety-related risks in the child care setting and identification of gaps in information which contributed to these risks

Has the activity been evaluated?

Yes. Each part of the program has been evaluated using independent criteria (i.e., attendance, etc.)

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Education
Health Services
Community Involvement
Healthy School Environment
Health Promotion for Staff

Funding Method:

Social Service Block Grant (Title XX)
Title X
County Funds
State Funds
Title V, MCH Block Grant
(w/Title V funding agency)

Estimated Annual Budget:
$300,000

Source: 1995 CityMatCH Survey

Tucson, Arizona

Program: Family Resource and Wellness Centers
Contact: Brenda Even, Ph.D.
Phone: (602) 882-2400
Start Date: 09-01-92

Target Population:

- The location of the centers is primarily urban. Fifteen are located in Tucson, 12 are in the Phoenix area and four are in Flagstaff. However, two are located in Casa Grande, and three are in the rural areas of Concho, Coolidge and Nogales.
- The Centers that provide, or will provide, primary care services are also situated primarily in urban areas. Nine are located in Tucson, nine in the Phoenix area, four in Flagstaff, and one is in Nogales.
- The centers serve a variety of age groups. Twelve serve elementary students, while six serve high school students. One serves children of all ages. Fifteen serve all ages of the community, targeting students and their families. Most of the centers that serve all age groups reach their clients through the school based or school-linked facilities.
- However, the Pinal County Housing Department Family Resource Center is a notable exception. This center offers social services to residents of all ages in a housing project. It is physically situated in the housing project and is not affiliated with a school.
- Seventy-two percent of the centers were able to give an approximate ethnic breakdown of the clients they serve. Of these, 53 percent of the clients were Hispanic, 33 percent are Anglo-Saxon, seven percent are Native American and three percent are African American. Bilingual staff is necessary in all of the centers and is present in most.

Accomplishments:

NA

Purpose:

Thirty-three centers that provide school-based, school-linked, community services are currently operating in the state of Arizona. The planning for three additional centers is in the final stages. Almost all of the centers conducted a community needs assessment or survey and have developed their array of services based on these assessments.

Has the activity been evaluated?

In progress.

Has this initiative been tried elsewhere?

Centers in operation throughout state.

Areas Addressed By Program:
- Health Education
- Health Services
- Counseling & Psychological Services
- Community Involvement
- Nutrition Services
- Healthy School Environment

Funding Method:
- Charitable Campaigns
- Corporate Donations
- Individual School Support
- Local Social Services
- Private Foundations
- Private Insurance (including HMO)
- State Education Agency

Estimated Annual Budget:
NA

Source: 1995 CityMatCH Survey

90

Little Rock, Arkansas

Program:	Mental Health Group Sessions on Health-Related Topics at Central High School
Contact:	Mary Mattheuis, R.N.P.
Phone:	(501) 324-2330
Start Date:	01-01-90

Target Population:

High school students.

Accomplishments:

Accomplishments to date include much success in assisting students with maintaining sobriety, allowing students to discuss problem areas and gain insight into solutions, etc. The sessions are gaining in popularity with the students and the number of sessions offered has increased.

Purpose:

Group sessions are offered in the school-based health center at Little Rock Central High School. These regularly scheduled sessions cover topics such as alcohol or drug abuse, male responsibility, female responsibility, anger control, conflict resolution and parenting classes, etc. These class sessions are offered to students-based upon student difficulties experienced in one of the topic areas or by student request.

Has the activity been evaluated?

No.

Has this initiative been tried elsewhere?

Yes. High school based clinic located in a neighboring school district.

Areas Addressed By Program:
Counseling & Psychological Services

Funding Method:
NA

Estimated Annual Budget:
NA

Berkeley, California

Program:	Creation of a High School Health Center
Contact:	Rocio Abundis Rodriguiz
Phone:	(510) 644-8501
Start Date:	01-01-91

Target Population:

The health center serves all high school students attending either Berkeley High School or East Campus, which are the only two high schools in Berkeley.

Accomplishments:

NA

Purpose:

The adolescent clinic at Berkeley High School is a joint initiative between the City of Berkeley, the Berkeley Unified School District and the Berkley Public Education Foundation.

Services include first aid, primary care, family planning, STD treatment and diagnosis, mental health, substance abuse counseling and health education.

Has the activity been evaluated?

Yes. Parts of the program have been evaluated depending on the requirements of the granting agency.

Has this initiative been tried elsewhere?

Yes. There are many school-based programs in operation.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
First Aid
Family Planning Services

Funding Method:

District or Diocese Educational Office
EPSDT
Private Foundations
City Tax Dollars

Estimated Annual Budget:

NA

Source: 1995 CityMatCH Survey

Fairfield, California

Program:	Immunization Clinic
Contact:	Roberta Femrite
Phone:	(707) 421-6660
Start Date:	07-01-93

Target Population:

The clinic serves a high monolingual Hispanic population.

Accomplishments:

The clinic consistently serves between ten and 20 families during the two hours of operation.

Purpose:

Collaboration between the Public Health Division and a Healthy Start school in Vacaville, California. The Healthy Start site is a community center run by the City of Vacaville. We operate an immunization clinic there one Saturday each month. Our supplies are stored on site. A public health nurse staffs the clinic and gives all of the immunizations. The Public Health Division provides the vaccines. The school nurse has arranged for parent volunteers and school nurse volunteers to do reception and immunization screening, respectively. She has also actively advertised the clinic. This school qualified as a Healthy Start site because of the high proportion of free and reduced lunches and limited English proficiency in students.

Has the activity been evaluated?

No.

Has this initiative been tried elsewhere?

Yes. At another Healthy Start school. However, it was not successful, not promoted and not advertised actively.

Areas Addressed By Program:

Health Services

Funding Method:

Local Tax Dollars

Matching Federal Funds

Estimated Annual Budget:

$3,000

Source: 1995 CityMatCH Survey

Fresno, California

Program: Black Infant Health
Contact: Centhy Handsford, F.N.P.
Phone: (209) 445-3307
Start Date: 05-01-93

Target Population:
Pregnant and parenting African-American teens.

Accomplishments:
NA

Purpose:
We have successfully contracted with a high-need school to provide a school nurse to case manage pregnant and parenting African-American teens in order to reduce African-American infant mortality. It is in conjunction with our Black Infant Health Program.

Has the activity been evaluated?
Yes. Independent.

Has this initiative been tried elsewhere?
We are currently developing a model for the state to be replicated in other health jurisdictions.

Areas Addressed By Program:

- Health Education
- Health Services
- Counseling & Psychological Services
- Community Involvement
- Nutrition Services
- Healthy School Environment
- Case Management

Funding Method:

Individual Donations
Title V, MCH Block Grant
(w/Title V funding agency)

Estimated Annual Budget:
$200,000 - $300,000

94

Source: 1995 CityMatCH Survey

Long Beach, California

Program: Mobile Pediatric Clinic Coalition
Contact: Ron Arias
Telephone: (310) 570-4011
Start Date: 02-01-95

Target Population:

The Mobile Pediatric Clinic Coalition has been meeting for two years to develop the concept and funding for a clinic that would serve low-income children in schools in medically underserved areas of Long Beach.

Accomplishments:

The clinic will offer a full array of primary care services at no cost to clients and link up clients with a "medical home." Medicaid and insurance will be accepted.

Purpose:

The purpose of the Mobile Pediatric Clinic Program is to improve the health status of low-income and minority children in Long Beach through increased access to basic and preventive health care services. The program objectives and methods are:

- To provide basic and preventive health care services, including immunizations, at locations easily accessible to low-income and immigrant families;
- To develop an ongoing coalition of individuals and organizations dedicated to securing funding and organizing and maintaining a mobile pediatric van; and
- To design ethnic and language-specific educational programs to educate parents in low-income and minority families on such topics as the importance of preventive health care, proper nutrition and child safety.

Has the activity been evaluated?

No.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Education
Health Services
Community Involvement

Funding Method:

Private Foundations

Estimated Annual Budget:

$200,000

Source: 1995 CityMatCH Survey

Los Angeles, California

Program:	Child Health Demonstration Project
Contact:	Marilyn Burke John DiCecco
Phone:	(213) 240-8040 or (213) 625-5354
Start Date:	09-30-92

Target Population:

The target population is low-income, medically underserved children and their siblings, kindergarten through sixth grade students.

Accomplishments:

Illnesses in children are detected in earlier stages through this program. It is the first time Los Angeles Unified School District (LAUSD) nurse practitioners can prescribe medication for children at school sites and treat minor acute conditions. Consultation and medical backup are provided by Department of Human Services pediatrician preceptors. Children are able to remain in school or return to school soon after treatment.

Purpose:

The Child Health Demonstration Project is a partnership program between the LAUSD and the County of Los Angeles Department of Human Services. Pre-kindergarten through sixth grade students are being served at school sites to improve health care delivery to children.

Has the activity been evaluated?

No.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:
NA

Funding Method:
EPSDT
Medicaid

Estimated Annual Budget:
NA

96

Source: 1995 CityMatCH Survey

Modesto, California

Program: Healthy Start and Cal-Learn
Contact: Cle Moore or Nancy Fisher
Phone: (209) 558-7400
Start Date: 09-01-93

Target Population:

One community includes low income Asians, Hispanics, African-Americans and Caucasians. Another community exists on the south-side of the city and primarily serves low-income Hispanics. A third community is located on the westside of the county where the population is primarily Hispanic.

Accomplishments:

Since Healthy Start programs, we have recently become involved in broadening our focus to developing the communities through participating in planning with the schools for a Sierra grant.

Purpose:

The most successful initiative involving school health was the collaboration and planning for the Healthy Start project with the schools. The health department staff participated in the planning and grant application process. Initial health care services were provided by the public health department until other health care providers could be obtained. The health department continues to assess service needs and participate on the task force.

Another activity involving the schools and public health partnership is the Cal-Learn Program. This program also includes social services and focuses on pregnant and parenting teens. The goal is to keep teens in school who are on AFDC through incentives and punishment (increase/decrease) of money for maintaining a "C" average and a $500.00 bonus for graduating from high school.

Has the activity been evaluated?

No.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:
Health Services
Counseling & Psychological Services
Community Involvement
Nutrition Services
Healthy School Environment

Funding Method:
Health Centers Section 330 PHS
Mental Health Block Grant
EPSDT
Individual School Support
Medicaid
Preventive Health Services Blk. Grant
State Social Services Funds
Social Service Block Grant (Title XX)

Estimated Annual Budget:
NA

97

Source: 1995 CityMatCH Survey

Monterey County, California

Program:
Contact: Alene Guthmiller
Phone: (408) 755-4586
Start Date: 09-01-93

Target Population:
Children under five years of age.

Accomplishments:
NA

Purpose:
Alisal Healthy Start - Through the collaborative, the local health department gives immunizations and CHDP exams on site. A public health nurse works two hours per week for planning.
Monterey Peninsula School District - look alike Healthy Start program provides immunizations and child health and disability prevention exams on site and links with primary care services in Seaside. A registered nurse works two hour a week for planning.
Pajaro established a local site for obtaining X-rays for positive PPD reactors.

Has the activity been evaluated?
Yes. Services and linkages have been established.

Has this initiative been tried elsewhere?
Yes. Other Healthy Start programs throughout the state.

Areas Addressed By Program:
Health Services
Community Involvement
Nutrition Services

Funding Method:
Local Tax Dollars (county)

Estimated Annual Budget:
$5,200

98

Oakland, California

Program: Healthy Start School-based Services Program.
Contact: Janed Fine or Karen Kopriva
Phone: (510) 268-7940
Start Date: 01-01-92

Target Population:

Children at risk.

Accomplishments:

The program is designed for families who do not have a regular dentist. The services that are offered at the school site include:

- Education for students, families and school personnel.
- Examinations by dentists.
- Prophylaxis.
- Fluoride applications.
- Occlusal sealant applications.
- Referral for needed dental care.

Purpose:

The philosophy of the program is based on the principle of providing access to early preventive services to those who are most at risk for health problems, using the most cost effective and scientifically sound methods, delivering services in the school in order to effectively address the community's needs, and optimizing the family's concern for dental health care as an entry point for additional dental and other health care services.

Has the activity been evaluated?

No.

Has this initiative been tried elsewhere?

Yes. Similar models throughout California.

Areas Addressed By Program:
Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Healthy School Environment
Health Promotion for Staff

Funding Method:
Corporate Donations
District or Diocese Education Office
EPSDT
Individual Donations
Local Social Services
Private Foundations
State Education Agency

Estimated Annual Budget:
$145,000

Source: 1995 CityMatCH Survey

Pasadena, California

Program: Collaboration with Washington Middle School
Contact: Cathy Hight
Phone: (818) 304-0015
Start Date: 09-01-93

Target Population:

Young teens 12 to 14 years of age.

Accomplishments:

NA

Purpose:

Collaborative case management of young teens in middle school. Includes classes, practices, learning events and hands-on participation. Practical National Education i.e., "What to eat at McDonalds."

Has the activity been evaluated?

No. University of South Dakota evaluation team is currently developing an evaluation component.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

- Health Education
- Health Services
- Counseling & Psychological Services
- Community Involvement
- Nutrition Services
- Physical Education
- Career Planning Relationships

Funding Method:

- Charitable Campaigns
- EPSDT
- Medicaid
- State Education Agency
- Black Infant Health Grant
- Prenatal Outreach Grant
- Healthy Start Funds
- Title V, MCH Block Grant
  (w/Title V funding agency)

Estimated Annual Budget:
$200,000

Source: 1995 CityMatCH Survey

Sacramento, California

Program: Preventive Dental Health Project "Smile Keepers"
Contact: Jan Fleming
Phone: (916) 366-2171
Start Date: 1980

Target Population:

37,765 low-income preschool through sixth grade children, their parents and teachers in a school setting.

Accomplishments:

- Provide on-going, age appropriate, dental health education, including nutrition and tobacco prevention through a series of classroom lessons throughout the school year.
- Provide daily fluoride tablets to students with parental permission, provide dental health instruction and supplies for daily classroom brushing and flossing.
- Provide teacher workshops for all new teachers and annual updates for all continuing teachers (1,065 teachers).
- Provide annual dental health presentations for parents at 84 preschool sites.
- Provide dental screening, referral and follow-up for participating children.

Purpose:

To promote oral health through the use of fluoride, behavior modification, responsibility, screening, referral and follow-up.

The Smile Keepers Program is a school-based oral health promotion program targeting 37,765 preschool through sixth grade students, their parents and teachers. This state-funded program has been in existence since 1980. The program consists of daily fluoride supplements, daily toothbrushing, optional flossing, three educational classroom visits by registered dental hygienists, dental screening and follow-up and parent presentations for Head Start and state funded preschool programs. The presentations promote oral health through the use of fluoride, brushing/flossing skills, self-responsibility and behavior modification.

Has the activity been evaluated?

Fluoride compliance and toothbrushing effectiveness have been evaluated.

Has this initiative been tried elsewhere?

This is part of a statewide dental disease prevention program.

Areas Addressed By Program:

Health Education (dental, nutrition and tobacco)
Health Services (dental)

Funding Method:

Local Tax Dollars
State Tax Dollars
Federal Tax Dollars

Estimated Annual Budget:
$275,000

Source: 1995 CityMatCH Survey

San Bernardino, California

Program: NA
Contact: Linda Levisen or Betty Ansley
Phone: (909) 388-4106 or (909) 387-6240
Start Date: 01-01-93

Target Population:

Pregnant and parenting teens and their infants.

Accomplishments:

Through the Healthy Start Initiative, public health nurses have been identified as the program coordinator/facilitator to implement Healthy Start services for at-risk families and children.

Purpose:

Our goal is to establish linkages with local school district teenage pregnant programs and provide case management services. We have a long standing relationship between the public health and county/local school districts to provide public health nursing services for at-risk students.

Has the activity been evaluated?

Yes. Adolescent Family Life Program (Healthy Start) at Stanford Research Institute. Lodestar Management Information System.

Has this initiative been tried elsewhere?

Yes. Throughout California.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Nutrition Services
Health Promotion for Staff

Funding Method:

Individual School Support
State Social Service Funds
Healthy Start Grants
Title V, MCH Block Grant
(w/Title V funding agency)

Estimated Annual Budget:
NA

Source: 1995 CityMatCH Survey

San Jose, California

Program: School-linked Services Program
Contact: Linda Carpenter
Phone: (408) 299-4862
Start Date: 09-01-94

Target Population:

The program targets 12 school/community sites in five school districts in the county. Sites selected include eight elementary schools, two middle schools and two high schools. These sites already meet state criteria for Healthy Start sites and, in some cases, may have received Healthy Start funding. Healthy Start funding targets children and families in school/communities with a combined rate of 50 percent AFDC, LEP and free/reduced meals.

Accomplishments:

Staffing patterns vary from one FTE social worker or public health nurse as a case manager in the elementary schools to a full multidisciplinary team. A public health nurse, a mental health counselor, alcohol/drug counselors, juvenile probation officers and social worker are in the continuation high school with the highest need adolescents in the county.

Nine sites will have a mobile medical unit at the school one day a week to provide the California Health Department EPSDT screenings and referrals to the health/hospital system for treatment or follow-up.

Purpose:

In August 1994, the board of supervisors approved the School-Linked Services Proposal. The primary objectives of the School-linked Services Program are to provide a better integration of services in order to provide a more seamless system of care for our highest need children and families; to focus on prevention/early intervention and the development of strong collaborations with schools, city government and community groups to reduce duplication and fragmentation.

Has the activity been evaluated?

We are currently developing an evaluation.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Healthy School Environment

Funding Method:

Mental Health Block Grant
EPSDT
Individual School Support
Local Social Services
Medicaid
State Education Agency
County Tax Dollars
Substance Abuse Prevention Blk. Grant

Estimated Annual Budget:
$1,200,000

Source: 1995 CityMatCH Survey

Santa Ana, California

Program:	Healthy Tomorrows
Contact:	Tony Edwards
Phone:	(714) 834-7979
Start Date:	09-01-93

Target Population:

Elementary school students, grades kindergarten through fifth, at five targeted elementary schools in the Santa Ana Unified School District.

Accomplishments:

During 1993-94, 1,998 students seen, including 877 receiving comprehensive health exams and 744 receiving immunizations. More than 840 students received social services, including 20 families for in-depth family counseling. 1,200 parents participated in parent education.

An ongoing study of child abuse reports for the zip codes indicates an increase in general child neglect cases (influenced by identification of students for social services) with a 20 percent decline in overall abuse cases. However, county wide, the overall abuse case rates increased 60 percent. Study of data continues to see what impact Healthy Tomorrows has played.

Purpose:

To improve incidence of routine health care and immunization compliance, parent education, empowerment and outreach, economic underserved, minority elementary school population through coordinated interagency efforts of public and private agencies.

Through a mobile van, provide physical examinations, ambulatory pediatric health services for minor illnesses and injuries, routine immunizations, referrals for more comprehensive health care as needed. The mobile unit model has been selected due to severe overcrowding on the school sites. Staffing would consist of a pediatrician, registered with the school nurse. In addition, a family response team and licensed social workers would be stationed at a central site to provide school linked services in prevention, counseling and parent education services as well as follow-up to potential child abuse cases. Other staff in the areas of Medi-Cal, employment, housing and nutrition would also be available through the program.

Has the activity been evaluated?

In progress and includes CHDP rates, Medi-Cal enrollment, student attendance, student achievement and focus groups.

Has this initiative been tried elsewhere?

Yes. Other school districts have adopted the model.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Nutrition Services

Funding Method:

District / Diocese Education Office
EPSDT
Individual School Support
Local Social Services
Medicaid
Private Foundations
State Education Agency
Title V, MCH Block Grant

Estimated Annual Budget:
NA

Source: 1995 CityMatCH Survey

Santa Rosa, California

Program: Help for Teen Parents Program
Contact: Sharon Oman, P.H.N.
Telephone: (707) 576-4845
Start Date: 01-01-85

Target Population:

Pregnant or parenting teenagers, who conceived prior to age 18.

Accomplishments:

Due to new funds called Cal-Learn, the program has been expanding during the 1994-95 year in all geographic locations. Impacts on teens have decreased the percent of low birthweight babies. 84 percent of mothers who are in school when they enter the program remain in school. We have decreased the percent of teen parents involved in child abuse, and 95 percent of enrolled children have a regular health provider.

Clients have been served in Santa Rosa and partially in two neighboring communities due to funding constraints. This program is mostly delivered on school sites with some home visits. Recently the social worker staff has grown to include public health aides.

Purpose:

Services include case management for two or more years with an extensive initial assessment, counseling, information and referral on the need for pre/postnatal health care, infant/toddler well care, immunizations, school continuation, child care, job counseling, drug/alcohol assessment and referral, transportation referral, and life skills counseling. Cal-Learn puts into place a mechanism to sanction or reward "C" average students with a $100 bonus each semester and a possible graduation bonus of $500.

Has the activity been evaluated?

Yes. Except for the Cal-Learn portion, which is new, the program is evaluated for all participants each quarter for certain objectives like school enrollment, immunization levels of children, etc. This is then compared with teen parents not enrolled in the program. Evaluations have shown that the program has only minimally improved the number of second births to teen parents.

Has this initiative been tried elsewhere?

Yes. Throughout California.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Nutrition Services

Funding Method:

Local Tax Dollars
State Social Services Funds
Title V, MCH Block Grant

Estimated Annual Budget:
$500,000

105

Source: 1995 CityMatCH Survey

Stockton, California

Program: King Family Center (Healthy Start)
Contact: Roger Deshenes
Telephone: (209) 953-4666
Start Date: 01-01-93

Target Population:

Dr. Martin Luther King Jr. Elementary School is an urban school in central Stockton with an ethnically diverse and economically disadvantaged population. It stands at the center of a neighborhood which in recent years has been troubled by serious crime, drug trafficking and gang activity. An influx of immigrants from Mexico and Southeast Asia has created pockets of people who feel isolated and unsure of how to receive help. The impact on King School students is poor attendance, transiency and low academic achievement. Through multilingual needs assessment, we found three major areas of concern for King School families: basic health care, neighborhood safety and family support through social services.

Accomplishments:

From 1977 to 1991, King School was under a court-enforced busing plan. In 1992, King once again became a neighborhood school. In order to meet diverse student needs, the school restructured and revised its vision to include the needs of the whole family. Under our restructuring plan, four academies, each with a different emphasis, were created to promote a family atmosphere and provide parents with an opportunity to choose a direction for their children's education. Beyond academic support services, King School offers to students the Primary Intervention Program, student support groups, conflict management and other services through the school psychologist and school counselor. The Student Assistance Program was implemented to bring existing student support services together under a case management system to improve delivery. In addition, Health Fairs were held on campus to help address the basic health care needs of King School families.

Purpose:

King School area families have not used available services due to language differences, lack of cultural sensitivity, lack of transportation, lack of money or insurance to pay for services and a frustration with the agency runaround. By bringing several agencies together under a case management system, it is our intent to ease these barriers and increase the use of services. In addition, the King Family Center will serve as a community center where neighborhoods come together to create solutions for the problems of the neighborhood. Our goal is to empower King School families to make positive changes in their lives, to strengthen their families and community and to improve the children's chances for academic success.

Has the activity been evaluated?

Yes. Outside evaluator.

Has this initiative been tried elsewhere?

Yes. There are several Healthy Start grants throughout the state.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services

Funding Method:

State Legislative Bill
Healthy Start Grant

Estimated Annual Budget:

NA

Source: 1995 CityMatCH Survey

Ventura, California

Program:	Child and Adolescent Clinic
Contact:	Kay Maloney
Phone:	(805) 652-5914
Start Date:	01-01-92

Target Population:

Sites are in poor, largely monolingual Spanish community

Accomplishments:

The response was positive. We saw families at the school sites with the support and urging of school personnel that were never seen at a regular clinic site. Therefore, we took the premise that families would be more comfortable coming to a neighborhood school than a health center. Since then we have established nine school clinics sites with some providing services one or two times a month. Where we have enthusiastic school support, the clinic is a success. Children with suspected health problems are screened, identified and referred. Teachers and other school personnel are becoming aware that the children have lives outside the classroom which impact their school performance.

Purpose:

Because of the increasing number of multiproblem families on school campuses, the health department found an opportunity to provide health services (child health screens - EPSDT) via two Healthy Start initiatives.

Has the activity been evaluated?

Yes, informally. Some schools do far better than others obtaining students and siblings for services; younger siblings and others in the community do not take advantage of services like school children.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:
- Health Education
- Health Services
- Counseling & Psychological Services
- Community Involvement
- Nutrition Services

Funding Method:
- Individual School Support
- Medicaid
- OFP Grant
- CHDP
- Title V, MCH Block Grant

Estimated Annual Budget:
NA

Source: 1995 CityMatCH Survey

Colorado Springs, Colorado

Program: RAP Coalition - Reduce Adolescent Pregnancy
Contact: NA
Phone: (719) 575-8653
Start Date: 01-01-87

Target Population:

Teenagers.

Accomplishments:

We work in partnership with other community organizations to promote effective programs and policies. We offer speakers, newsletters, educational workshops, information and referral, resource guides, monthly meetings and a variety of educational materials.

The RAP Coalition is the 1992 winner of the Outstanding Local Coalition Award presented by the National Organization on Adolescent Pregnancy and Parenting.

Purpose:

Our goal is to reduce teen pregnancies in El Paso County. We shall work to ensure that sound education in family life and human sexuality is provided for both youth and parents.

The Reduce Adolescent Pregnancy Coalition was founded in 1987 by members of the community who were concerned about teen pregnancy and prevention. It is felt that, while the family has the primary responsibility for teaching children about human sexuality, we may be the most effective when the family is joined by health care providers, school and place of worship. The role of the RAP Coalition is to encourage teenagers to postpone sexual intercourse. However, if a teenager chooses not to abstain, our role becomes one of promoting responsibility regarding pregnancy, sexually transmitted diseases and interpersonal integrity.

Has the activity been evaluated?

NA

Has this initiative been tried elsewhere?

NA

Areas Addressed By Program:

NA

Funding Method:

NA

Estimated Annual Budget:

NA

Source: 1995 CityMatCH Survey

Denver, Colorado

Program:	Denver School Based Health Centers
Contact:	Paul Melinkovich
Phone:	(303) 436-7433
Start Date:	01-01-88

Target Population:

Underserved children and youth.

Accomplishments:

The major accomplishments to date have been:

- The development of an understanding among participating agencies describing the nature of their involvement with the program.
- The establishment of school based health centers at four high schools, one middle school and five elementary schools.
- Enrollment of approximately 70 percent of the students at all target schools.
- Provision of primary health services to more than 30 percent of the students in middle and high schools.

Purpose:

The major goal of the health centers is to improve access to primary health care for underserved children and youth. Services offered include physical health services, mental health services and substance abuse treatment. In addition, health education for both the individual and the group are provided through the program. This initiative is a collaborative multiagency endeavor to establish comprehensive multidisciplinary primary health care centers at needed Denver Public schools.

Has the activity been evaluated?

The evaluation is in progress and the results are not yet available. The evaluation will evaluate changes in access to care and health events as perceived by students and their parents.

Has this initiative been tried elsewhere?

Yes. Most school-based health centers involve multiagency collaborative efforts to provide services on-site.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement

Funding Method:

Health Center Section 330 PHS
Mental Health Services Block Grant
Corporate Donations
Individual School Support
Local Tax Dollars
Private Foundations
SPRANS Grant
Substance Abuse Prev. & Tax Grant
Title V, MCH Block Grant
(w/Title V funding agency)

Estimated Annual Budget:
$600,000

Source: 1995 CityMatCH Survey

Englewood, Colorado

Program: Teen Moms Program
Contact: Laura Moth
Phone: (303) 452-9547
Start Date: NA

Target Population:

Teenage mothers.

Accomplishments:

The primary accomplishments have been the education of the teens about parenting, community resources and reducing the number of subsequent pregnancies in the population.

Purpose:

Health education and referral for pregnant and teenage parents in the Adams County School District.

Has the activity been evaluated?

Yes. Ongoing evaluation.

Has this initiative been tried elsewhere?

Yes.

Areas Addressed By Program:

Health Education
Community Involvement

Funding Method:

Local Tax Dollars

Estimated Annual Budget:

NA

Source: 1995 CityMatCH Survey

Lakewood, Colorado

Program:	
Contact:	Mary Lou Newnman
Phone:	(303) 239-7001
Start Date:	01-01-93

Target Population:

School children.

Accomplishments:

See purpose.

Purpose:

The community, schools and the department of health have been involved in many projects that have resulted in good relationships. We have attempted many different models of service and have not always been successful.

Although the health department is the lead agency, the schools have been the second most active agency in the community-wide coalition on Teen Pregnancy Prevention, called a Step Up. We are starting our second year of the five-year project.

We worked together on the Robert Wood Johnson grant application for the state. The state is one of the finalists, and we are one of three community finalists on the state project.

Partnership in the production of educational videos for AIDS and substance abuse.

Has the activity been evaluated?

Don't know. This was another division. Time was donated by the agency involved. I'm not sure of specific hours. More information can be obtained by calling.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Education

Community Involvement

Funding Method:

Local Tax Dollars

Prev. Health Services Block Grant

Estimated Annual Budget:

NA

Source: 1995 CityMatCH Survey

Waterbury, Connecticut

Program: School-linked Health Center
Contact: Liz Davis
Telephone: (203) 574-6880
Start Date: 09-01-94

Target Population:

Three elementary schools with a possible fourth.

Accomplishments:

Children who have signed permission on record will be transported to the Pediatric Ambulatory Center at St. Mary's Hospital for medical and dental care as needed. This program is not funded with all services being offered in-kind. In-kind services include the Waterbury Health Department school nurses, St. Mary's Hospital medical staff and Medical Star transportation.

Purpose:

In 1993, the Board of Education for the City of Waterbury voted not to support a school-based health center. Out of concern for the children who have no medical home, the mayor designated a task force to consider other ways of ensuring access to health care. A pilot program has been designed which incorporates a school-linked health center to assist children in need of medical care. The program is running in three elementary schools, with a possible fourth one on-line soon.

Has the activity been evaluated?

No.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:
Health Services
Counseling & Psychological Services

Funding Method:
In-Kind Services

Estimated Annual Budget:
NA

Source: 1995 CityMatCH Survey

Wilmington, Delaware

Program: School-based Health Centers
Contact: Karen DeLeeuw
Phone: (302) 739-3031
Start Date: 01-01-88

Target Population:

High school students.

Accomplishments:

NA

Purpose:

It is Governor Carper's initiative to have school-based health care centers in every high school. Services would include medical, nursing, mental health, nutrition and health education.

Has the activity been evaluated?

Yes. Final report was concluded in April 1993. The evaluation was based on a review of findings from a study of selected high school wellness centers in Delaware.

Has this initiative been tried elsewhere?

Yes. Nationwide. Robert Wood Johnson has best information on state initiatives supporting school based health care.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Nutrition Services

Funding Method:

State General Funds

Estimated Annual Budget:

$2,800,000

Source: 1995 CityMatCH Survey

Ft. Lauderdale, Florida

Program:	Enhanced School Health Nursing Services
Contact:	Hagel Grellis
Telephone:	(305) 467-4830
Start Date:	01-01-89

Target Population:

Twelve schools identified as medically underserved. Fifty percent are white, 34 percent are black, 12 percent are Hispanic, 2 percent are Asian and .3 percent are Indian.

Accomplishments:

Given the severe limitations of staff and funding, the only impact we have seen, but a very significant one, is a slight decrease in teen pregnancies.

Purpose:

An enhanced school based nursing grant enabled a public health unit to provide 20 hours per week of nurse time in 12 schools identified as medically underserved. Broward County this year has 199,000 students enrolled in 185 schools. There are 116 elementary schools, 31 middle schools, 22 high schools and 16 special centers.

Has the activity been evaluated?

Don't know.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Education

Funding Method:

Local Tax Dollars
State Health Office

Estimated Annual Budget:

$402,000

114

Source: 1995 CityMatCH Survey

Jacksonville, Florida

Program:	Children's Mobile Dental Unit
Contact:	Steve Slavkin, D.D.S.
Phone:	(904) 630-3282
Start Date:	11-01-93

Target Population:

Low-income children in the second grade. Homeless population.

Accomplishments:

Services include cleaning, X-rays, sealants and referrals for further needed care. In the first year of service, over 3,000 students were seen. The project has been extremely well accepted by parents, teachers and school principals. Scheduling and on-site accommodations depend on the positive relations between the health department and the individual schools. The van is now in service on Saturdays to serve the homeless population and is staffed by volunteer dentists and assistants from the community. Dental health education is provided on the van.

Purpose:

The Children's Mobile Dental unit was placed into service with the assistance of grant funds from Johnson & Johnson. A large van, previously used as an on-site laboratory, was refurbished with two dental chairs, x-ray machine, and full support functions. The project was planned in collaboration with the county schools and serves low-income children in the second grade.

Has the activity been evaluated?

Yes. The need for follow-up services was identified and as a result, children's dental services are being expanded within the public health unit.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Education
Health Services
Community Involvement

Funding Method:

Corporate Donations
Medicaid

Estimated Annual Budget:

$174,653

Source: 1995 CityMatCH Survey

Miami, Florida

Program: Adopt-a-School
Contact: Nancy Humbert, M.S.N., A.R.N.P.
Telephone: (305) 324-2481
Start Date: 04-01-94

Target Population:

NA

Accomplishments:

The Greater Miami Chamber of Commerce has taken the lead in establishing a committee called the Adopt-a-School. Local business leaders and health care providers are encouraged to adopt a school of their choice and provides nurses, social workers or health support workers to the school. Some businesses give money directly to the Dade County Public Health Unit (DCPHU) to provide service. Others, such as health providers, utilize one of the existing staff members. The DCPHU takes the lead role in providing orientation, staff development and quality improvement.

To date there are two nurses, one social worker and one health support worker to support this program.

Purpose:

There have been many new and exciting initiatives. A School Health-Healthy Start merger/pilot, a non-violence pilot program and a major school health conference with more than 1,000 participants are just a few. Adopt-a-School is probably most successful in that it involves deep commitment on the part of the community, DCPS and DCPHU.

Has the activity been evaluated?

No. The project is still new. Evaluation will commence in April of 1995.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Nutrition Services
Healthy School Environment
Physical Education
Health Promotion for Staff

Funding Method:

Corporate Donations
Individual Donations
Private Foundations

Estimated Annual Budget:

$58,000

Source: 1995 CityMatCH Survey

St. Petersburg, Florida

Program:	SHIP - School Health Improvement Project
Contact:	Janet Townsend
Phone:	(813) 469-5800
Start Date:	02-01-89

Target Population:

It is an underserved medically needy area with limited services available without involving traveling great distances. Elementary, middle and high school children

Accomplishments:

The Pinellas County Public Health Unit has just established a primary care clinic in the Tarpon Springs Center to provide access to services for those students and families with identified or potential health problems.

The schools went from sharing one nurse with seven other schools to full-time aide/nurse coverage. Staffing was based on the American Nursing Association recommended model of one nurse per 150 students.

The SHIP staffing was a health support aide for Tarpon Springs Elementary, middle and high schools. One senior community health nurse was also part time at the high school and the other senior community health nurse shared the elementary and middle schools.

Students are kept in class or returned to class within a short time of receiving health assessment. Provide health education.

Purpose:

The Pinellas County School Health Improvement Project was part of the Florida Legislature-funded Demonstration Project awarded to four counties in Florida. The initial SHIP was located in Tarpon Springs as a feeder system of elementary, middle and high schools. It was part of the grant requirement and this area of Pinellas County has the only consistent feeder system.

Has the activity been evaluated?

Yes. Florida State University performs the evaluations.

Has this initiative been tried elsewhere?

Yes. Most counties in the state now have this program available in their counties.

Areas Addressed By Program:
- Health Education
- Health Services
- Counseling & Psychological Services
- Community Involvement
- Nutrition Services
- Healthy School Environment
- Physical Education
- Health Promotion for Staff

Funding Method:
State of Florida Grant Program which is now part of Categorical School Health Funding.

Estimated Annual Budget:
$105,000

Source: 1995 CityMatCH Survey

Tampa, Florida

Program: Health Education and Services in all Schools
Contact: Mary Howard
Phone: (813) 272-6200
Start Date: 09-01-93

Target Population:
Students in all schools.

Accomplishments:
NA

Purpose:
To provide health education programs for students: Smoke Free 2000, safety, personal hygiene, nutrition, substance abuse, sexuality. Health services include screenings and first aid all for all schools. All schools provide physicals and a health clinic.

Has the activity been evaluated?
Yes.

Has this initiative been tried elsewhere?
Yes. Statewide.

Areas Addressed By Program:
Health Education
Health Services

Funding Method:
State Tax Dollars

Estimated Annual Budget:
$4,000,000

Source: 1995 CityMatCH Survey

Atlanta, Georgia

Program: School Based EPSDT Clinics
Contact: Bobbie Franklin
Phone: (404) 730-4028
Start Date: 03-01-94

Target Population:

The schools selected for this service were elementary schools with the largest number of children on the free lunch program the previous year. Services offered only to children on Medicaid.

Accomplishments:

Space and staff to inform parents and schedule appointments were provided by the schools. Equipment, supplies and staff to do exams and outreach for EPSDT. Referral/follow-up appointments were provided by the health department. The Department of Family and Children Services provided a Medicaid specialist to certify eligible children for Medicaid.

Each school was provided services one day per week.

In the first three months that services were provided, 337 children were examined. Forty-eight different health conditions were detected, and 248 occurrences of these conditions were reported. One hundred eighty-eight of these conditions received follow-up, 107 required dental care and 159 needed routine tuberculosis testing. Statistics for the second month of service are still being compiled.

The collaboration between the three agencies has been excellent. Problems exist but are often resolved. Expansion of this program will not be possible without additional resources. All three agencies feel that this has been a very successful venture to improve the health and learning power of these children.

Purpose:

After several months of planning with school, health department and Medicaid administrators, the school-based EPSDT services were initiated in March of 1994 at nine public schools in the county.

Has the activity been evaluated?

Yes. Evaluation of statistical data.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Services
Community Involvement

Funding Method:

EPSDT
Health Department

Estimated Annual Budget:

$9,500 (1st yr. $3,400 start-up)

Source: 1995 CityMatCH Survey

Columbus, Georgia

Program: Scoliosis Program
Contact: Nornita Killings, R.N.
Phone: (706) 324-0036
Start Date: 01-01-83

Target Population:

Students in junior high and middle schools.

Accomplishments:

During 1993-94, 8,128 students or 82 percent of the target population in a 16-county area received screenings by public health nurses.

Purpose:

Students in junior high and high school are screened free of charge by public health nurses. Those students found to have problems are able to receive free follow-up/consultation with an orthopedist on contract with the health district. Families who are unable to afford follow-up treatment are referred to the district's Children's Medical Services Clinic.

Has the activity been evaluated?

Don't know.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:
Health Education
Health Services

Funding Method:
Title V, MCH Block Grant
(w/Title V funding agency)

Estimated Annual Budget:
$12,200

Source: 1995 CityMatCH Survey

Macon, Georgia

Program: Elementary School Health Checks
Contact: Cecil Baldwin
Phone: (912) 749-0015
Start Date: 10-01-92

Target Population:

We are presently in two elementary schools doing Medicaid Health Checks on Medicaid-eligible children.

Accomplishments:

We have been able to do additional special projects, as the need arises, such as the second MMR campaign, hearing and vision checks and evaluation and referrals for medical problems. We have also been able to catch health problems which could affect the child's performance at school. By having the program at school, the children do not have to miss much class time. A normal exam takes about 45 minutes. We can also be a resource for the school staff to use as needed.

Purpose:

By doing the health check exams at schools, we have encouraged many delinquent Medicaid children who are behind on getting physicals that are dictated by Medicaid standards. This should help reduce the failure rate. We have also been able to provide Medicaid Health Checks on Medicaid-eligible children. At present, this is our only function. We also have been able to do additional special projects, as the need arises, such as the second MMR campaign,

Has the activity been evaluated?

No.

Has this initiative been tried elsewhere?

Yes. Other county health departments in the Atlanta area.

Areas Addressed By Program:

Health Education
Health Services
Community Involvement

Funding Method:

Health Centers Section 330 PHS
EPSDT

Estimated Annual Budget:

$25,000

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Source: 1995 CityMatCH Survey

Savannah, Georgia

Program:	Health Checks in Schools
Contact:	Bobbie Stough
Phone:	(912) 356-2234
Start Date:	01-01-95

Target Population:

Students in the regional youth detention center, alternative, elementary and middle schools.

Accomplishments:

NA

Purpose:

A public health nurse has been employed and is being trained to provide health check appraisals in elementary and/or middle schools. This nurse will also provide this service to students in the Regional Youth Detention Center. A second public health nurse will be employed to provide health services.

Has the activity been evaluated?

No.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Education
Health Services
Community Involvement

Funding Method:

EPSDT
Public Health Department Funds

Estimated Annual Budget:

$50,000

Source: 1995 CityMatCH Survey

Honolulu, Hawaii

Program: Comprehensive School Health Program (CSHP)
Contact: Sachiko Taketa
Telephone: (808) 733-9040
Start Date: 01-01-94

Target Population:

Rural neighborhood island counties are being targeted where access becomes a major issue. With increased closing of the agricultural economy, the families are faced with unemployment, no insurance, etc., which leads to other psychological problems.

Accomplishments:

A needs assessment was done in the spring of 1994. It dramatizes the risk behavior of our youth, especially the intermediate level. A news release should provide the department the vehicle to move our agenda forward.

Purpose:

This program is a public/private partnership designed to look at the issues confronting our youth and addressing them through the development of school-based health service centers. Schools and communities are preparing their application proposals should Hawaii be one of the states awarded the implementation grant from the Robert Wood Johnson Foundation "Making the Grade." The planning process stimulated many challenges to the whole system of school-based services, but it has helped to increase awareness of school health. It has also facilitated the initiative towards comprehensive school health programs and preventive services integrated into the schools. The department's driving forces are the school health nurses and Peer Education coordinators.

Has the activity been evaluated?

No. We are exploring technical assistance.

Has this initiative been tried elsewhere?

No.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Nutrition Services
Healthy School Environment
Physical Education
Health Promotion for Staff

Funding Method:

Health Department General Funds

Estimated Annual Budget:

$30,000 per site

Source: 1995 CityMatCH Survey

Boise, Idaho

Program: Protective Services for Children and Families
Contact: Ruby Hawkins
Telephone: (208) 327-8580
Start Date: 04-01-94

Target Population:

Collaborative effort to provide services to children and families where children are identified as being at-risk of out-of-home placement or at-risk of abuse or neglect. This project limits the age of the children served to elementary school. However, since the services will be provided to the entire family, there may be older as well as younger children who receive services. The philosophy underlying activities in this project is family centered service planning and delivery.

Accomplishments:

It is anticipated that a total of 50 children and their families may receive services at any one time via this project. The duration of services for any one family in any one year is a maximum of 90 days, including the 30 days of service plan development. It is possible for services to continue past 90 days but funds other than Title IV-A will need to be used for such services.

Purpose:

The Boise Independent School District (BISD), the Central District Health Department (CDHD) and Region IV Department of Health and Welfare (DHW) have entered into an interagency agreement to operate a pilot project to provide child protective services to children and their families at seven elementary school sites in the city of Boise. The overall philosophy includes a commitment to a community-based family-centered emergency service plan that will prevent abuse or neglect and/or out-of-home placement for a child. The service plan is designed to ensure the family is able to access services they need past the 90 days by themselves. Staff will have extensive contacts and referrals in the local community.

Has the activity been evaluated?

Currently in progress. Boise State University of Social Work will provide the technical assistance consultation to establish the evaluative component for this project. Evaluations will be submitted to the appropriate administrators.

Has this initiative been tried elsewhere?

Yes. At other district health/schools.

Areas Addressed By Program:
NA

Funding Method:
Local Tax Dollars
Preventive Health Services Blk. Grant
Title V, MCH Block Grant
(w/Title V funding agency)

Estimated Annual Budget:
$50,000

Source: 1995 CityMatCH Survey

Chicago, Illinois

Program: School-Linked Health Program
Contact: Virginia York
Telephone: (312) 747-9919
Start Date: 06-01-93

Target Population:

Chicago Department of Public Health currently operates School-Linked Health Programs. One program is located within the Robert Taylor Housing Development, the largest housing development in the country. There are six schools within the housing development. The Robert Taylor Housing Development was recently listed in a Census Report as the nation's most impoverished community.

Accomplishments:

When the program started, more than 80 percent of parents stated that a hospital emergency room was their method of medical care. In a class room of 24 kindergartners, ten needed eye-glasses after a vision screening. Many parents reported on a survey that no intervention occurred before the program started. A dental screening discovered 12 of 27 children had massive dental decay. Gingivitis started to set in with this group of five-year old children. For most children, the program provided their first dental exam. One school, Woodson North, upon start of the 1993 program, had 78 percent of the children ages five to 14 not in compliance with required immunizations. The attendance of this school is 725. When children do not return to school with evidence of compliance regarding physical examinations and immunizations, they were excluded from school. Woodson North excluded 117 children for non compliance in 1993. Twenty-three of these children never returned to school. We are proud that today, the school has a 99.5% compliance rate.

Purpose:

Chicago Department of Public Health is operating a School-Linked Health Program located within the Robert Taylor Housing Development, the largest housing development in the country.

Has the activity been evaluated?

Yes. We are currently collecting information and starting the evaluation of the school-linked program.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Nutrition Services
Physical Education
Health Promotion for Staff

Funding Method:

EPSDT
Patient Self-Pay
Title V, MCH Block Grant

Estimated Annual Budget:
$450,000

Source: 1995 CityMatCH Survey

Peoria, Illinois

Program:	Project Success
Contact:	Alice Kennall
Phone:	(309) 679-6018
Start Date:	07-01-93

Target Population:

The project targeted four elementary schools whose previous exclusion rates had been high. These schools enrolled children who were at great risk for exclusion due to lack of health exams and immunizations.

Accomplishments:

A network of local agencies arranged and conducted a week of physical exams, dental exams, immunizations, lead screening and health education in a one-stop center set up at an early childhood center. More than 488 children received services.

Purpose:

Project Success started with a grant from the Illinois State Board of Education to address perceived problems that a network of efforts could solve. Peoria chose to address the high number of children excluded from school by a state law requiring students to have physical exams, dental exams, lead poisoning screenings and immunizations.

Has the activity been evaluated? -

Don't know.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Education
Health Services
Community Involvement

Funding Method:

Local Tax Dollars
State Education Agency

Estimated Annual Budget:

$50,000

Source: 1995 CityMatCH Survey

Evansville, Indiana

Program:	Health Assessment/Health Education Services
Contact:	C. Block
Telephone:	(812) 435-5766
Start Date:	09-01-91

Target Population:

Health assessment and health education services by public health nurses in schools for students, mothers and other school age mothers.

Accomplishments:

NA

Purpose:

The Vanderburgh County Department of Health and the Evansville-Vanderburgh School Corporation entered into an agreement for the implementation of health assessment and health education services by public health nurses in the schools for students, mothers and other school age mothers.

Has the activity been evaluated?

No. However, school staff members and the public health nurses will cooperate in planning the health education and health assessment experiences and will consult at regular intervals to ascertain the effectiveness of teaching topics and counseling sessions.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Education

Counseling & Psychological Services

Funding Method:

Local Tax Dollars

Estimated Annual Budget:

$1,800

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Source: 1995 CityMatCH Survey

Topeka, Kansas

Program:	School Health Services
Contact:	Nola Ahlquist-Turner
Phone:	(913) 295-3650
Start Date:	01-01-70

Target Population:

Four suburban school districts with a student population of 3,000 students per district.

Accomplishments:

Three years ago, schools districts were forced to begin covering the full cost of the service. To date, only one school district has continued to contract for services.

Purpose:

For many years the health agency provided school health services in four suburban school districts with populations of 3,000 students per district under a contract with a 50/50 cost-sharing split. Unfortunately, city and county politics forced the government to refuse their share of the cost with the schools. The philosophical basis for the service agreement between the schools and the health agency had an obligation to meet the health care needs of students and that school was a logical place to approach communicable disease and health education issues.

Has the activity been evaluated?

No.

Has this initiative been tried elsewhere?

No.

Areas Addressed By Program:

Health Education
Health Services
Nutrition Services
Healthy School Environment
Health Promotion for Staff

Funding Method:

Individual School Support
Local Tax Dollars

Estimated Annual Budget:

$160,000

Source: 1995 CityMatCH Survey

Wichita, Kansas

Program: North Central Teen Health Station
Contact: Jacquie Stewart
Phone: (316) 337-9075
Start Date: 01-01-88

Target Population:

Students of North High School, which is one of nine high schools in the city, and the feeder middle schools are eligible for services.

Accomplishments:

In the first year, 672 consent forms were signed. The health station now averages more than 1,000 consent forms signed per year and more than 2,000 visits per year. In 1994 there were 1,170 individual students treated out of 1,980 visits. The Adolescent Health Program provides resources for students who need health care. These services include acute illness care, sports physicals, immunizations, preventive health care, counseling and referral services.

Purpose:

The North Central Teen Health Station opened in August 1988 with a staff of one nurse practitioner and a clerk. The faculty at the University of Kansas School of Medicine at Wichita, Department of Pediatrics, donated medical service. An advisory committee was established to include students, parents, faculty and community members. Students must have a consent form signed by a parent for the services and pay a $10 charge each year with no additional charges.

Has the activity been evaluated?

Yes. Annually by a state school nurse consultant.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement

Funding Method:

Patient Self-Pay
Title X
State Funding
Title V, MCH Block Grant
(w/Title V funding agency)

Estimated Annual Budget:
$102,000

Source: 1995 CityMatCH Survey

Lexington, Kentucky

Program: Family Resource and Youth Service Centers
Contact: Phyllis Roberts
Phone: (606) 281-0218
Start Date: 01-01-78

Target Population:

School children

Accomplishments:

Family Resource Centers offer:

- Assistance with full-time child care for children two and three years old.
- Assistance with after school child care for ages four to 12 years.
- Health and education services for new and expectant parents.
- Education to enhance parenting skills and education for preschool parents and their children.
- Support and training for day-care providers.
- Health services or referrals.

Purpose:

In 1991, the school system contracted with the health department to provide nursing services to the Family Resource Centers. Currently there are eight nurses providing services to 16 youth and Family Resource Centers. The Centers were developed as a part of the Kentucky Education Reform Act and are designed to succeed in school by assisting students and their families with access to community programs and information about these programs.

The mission of the Centers is to create community partnerships that are dedicated to helping students and their families overcome problems that keep students from succeeding in school. The Centers coordinate existing family and youth support services as needed and as resources permit.

A local advisory council consisting of parents, community representatives, school personnel and students helps guide planning for the centers. Open year-round, these centers are staffed with a coordinator, assistant and extended health nurse.

Has the activity been evaluated?

No.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Services
Community Involvement
Healthy School Environment

Funding Method:

Family Resource Funds

Estimated Annual Budget:

$185,000

Source: 1995 CityMatCH Survey

Louisville, Kentucky

Program: Healthy Learners Project
Contact: Anita Black
Phone: (502) 574-6660
Start Date: 03-15-94

Target Population:

Students of Fairdale High School live in two major areas of Jefferson County. One area has 10.3 percent of its population below the poverty level and has poor access to public transportation. The other area has 57.8 percent of its population below the poverty level and has better access to public transportation, however access to available preventive care has not been a high priority of this area. According to school officials, 40 percent of Fairdale students are pregnant or parenting teens, 50 percent smoke, 25 percent are obese, 39 percent are on a free or reduced lunch program and the school has an 11 percent absentee rate and a 5.96 percent drop out rate.

Accomplishments:

Staff sees 50-60 patients each day; and these visits include immunizations, examinations, health assessment, and counseling, etc. Since the center has been open less than one year, we have been unable to evaluate improvement in student characteristics. However, according to school officials, less instructional time is lost due to health concerns of the students.

Purpose:

The Jefferson County Health Department in collaboration with the Fairdale High School Youth Services Center has established the Healthy Learners Project, a school-based adolescent health center. A community advisory committee composed of local clergy, legislators, school officials, parents, adolescents and health officials has played a significant role in the health center's operation. Full-time staffing includes one registered nurse and one medical assistant. In addition, a physician, family therapist and psychotherapist provide two to four hours per week.

Has the activity been evaluated:

No. This is a new initiative and will be evaluated at the end of the 1995 school year.

Has this initiative been tried elsewhere:

Yes. Thirty schools in other Kentucky counties.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Healthy School Environment
Health Promotion for Staff

Funding Method:

EPSDT
Preventive Health Services Blk. Grant

Estimated Annual Budget:

$65,000

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Source: 1995 CityMatCH Survey

Portland, Maine

Program: Dental Health Program
Contact: Karen O'Rourke, M.P.H.
Phone: (207) 874-8784
Start Date: 01-01-70

Target Population:
Students kindergarten through fifth grade.

Accomplishments:
In more than five years we have seen the number of untreated caries drop, an increase in the number of decay-free teeth and an increase in the number of sealants.

Purpose:
To provide dental health education and screening to all students in kindergarten through the fifth grade in the City of Portland.

Has the activity been evaluated?
Yes. School survey data from screenings collected.

Has this initiative been tried elsewhere?
Yes. Within the state.

Areas Addressed By Program:
Health Education
Health Services
Community Involvement
Nutrition Services

Funding Method:
Local Tax Dollars
Preventive Health Services Blk. Grant
State and Local

Estimated Annual Budget:
$105,000

Source: 1995 CityMatCH Survey

Baltimore, Maryland

Program: School-based Health Centers
Contact: Bernice Rosenthal
Phone: (410) 396-3185
Start Date: 09-01-85

Target Population:

The School Based Health Centers are located in eight secondary schools whose communities have significant health risks. The student population is predominately African-American, 40 percent Medicaid eligible, 30 percent uninsured, and 20 percent privately insured.

Accomplishments:

All students attending the clinic schools are provided clinic information and a consent form to be signed by a parent or guardian. On average 60 to 80 percent of the school population is registered with the center, and 80 to 90 percent of enrolled students are clinic users.

The Centers provide a wide range of health and social services and include assessment, referrals, general and primary care, diagnosis and treatment of minor injuries, family planning, STD diagnosis and treatment and sports physicals. All Centers perform routine lab tests, prescribe and dispense medications, manage chronic illness, give immunizations, referrals for prenatal care and provide 24-hour emergency phone access to physicians.

Each site also provides mental health counseling and drug and substance abuse programs. Sex education, nutrition education, counseling related to high risk adolescent behaviors, AIDS education, weight reduction and parenting education.

The School-based Health Centers program has been widely accepted, and four other provider groups have taken an interest in sponsoring the School-based Health Centers in the city.

Purpose:

Baltimore's School-based Health Centers started in September, 1985. The program is an expansion of traditional school nursing and incorporates a comprehensive range of primary care and primary preventive services. The Centers are designed to overcome barriers related to confidentiality, transportation, appointment schedules that resulted in lost school time, cost, lack of insurance coverage and general adolescent apprehension about discussing personal health problems.

Has the activity been evaluated?

Yes. Evaluation available on request.

Has this initiative been tried elsewhere?

Yes. Replicated nationally.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement

Funding Method:

Health Centers Section 330 PHS
Mental Health Services Blk Grant
EPSDT
Individual School Support
Local Tax Dollars
Private Insurance (including HMO)
SPRANS grant
Substance Abuse Prev. Tax Grant
Title V, MCH Block Grant
(w/Title V funding agency)

Estimated Annual Budget:
$2,622,000

Source: 1995 CityMatCH Survey

Boston, Massachusetts

Program: "Football + Cigarettes = Trouble," A Photonovel About Smoking.
Contact: L. Comfort
Phone: (617) 534-5395
Start Date: 09-01-93

Target Population:

The project area includes the students of St. Peter's School in South Boston.

Accomplishments:

Students are now using the booklet to teach younger children in their schools about smoking and what their story means. During this period the children have learned not only about smoking and tobacco use, but about working in groups, the responsibility of leadership and the pride of accomplishment. The booklets are presented to the students in conjunction with a celebration party. Other public health nurses will use these booklets throughout the city as a way of introducing discussions about smoking.

Purpose:

Seventeen seventh graders at St. Peter's School in South Boston are in the process of completing a two-year project during which they created a photonovel book formatted like a comic strip that tells a story but contains photographs instead of cartoons. Students focus on a problem and then are able to express their thoughts in ways that are relevant to themselves and their peers.

Has the activity been evaluated:

No.

Has this initiative been tried elsewhere:

No. Not in this format.

Areas Addressed By Program:

Health Education
Community Involvement
Health Promotion for Staff

Funding Method:

Local Tax Dollars
Tobacco Control Funds

Estimated Annual Budget:

$2,500 (for printing)

Source: 1995 CityMatCH Survey

Lowell, Massachusetts

Program:	
Contact:	Catherine Brousseau
Telephone:	(508) 446-1623
Start Date:	

Target Population:

NA

Accomplishments:

We are now closer to the N.A.S.N. staffing regulations and have greatly enhanced our school health services program.

Purpose:

Our most successful initiative was getting our City Manager to set aside $250,000 from the State Education Reform Act enabling us to hire ten new school nurses and thus reducing our nurse to student ratio to 1:750 down from 1:1,400.

Has the activity been evaluated?

Yes. It is evaluated monthly and helping provide better nursing services.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Education
Health Services
Counseling and Psychological Services
Community Involvement
Nutrition Services
Physical Education
Health Promotion for Staff

Funding Method:

Educ. Reform Act of Massachusetts

Estimated Annual Budget:

$250,000

Source: 1995 CityMatCH Survey

Ann Arbor, Michigan

Program:	Mandate for Care Program and K-12 Record Review
Contact:	Linda Lantry
Phone:	(313) 484-7200
Start Date:	01-01-90

Target Population:

Kindergarten through 12th grade students.

Accomplishments:

In the 1994-95 school year, 5,345 records were processed with 77.6 percent completely immunized. We review kindergarten though 12th grade school reports twice a year. With 8,260 new students, 97.4 perecent were in compliance for the 1994-95 school year.

Purpose:

Review childcare program reports once a year for completion rates.

Has the activity been evaluated?

Yes. Immunization rates for school starters are assessed each year.

Has this initiative been tried elsewhere?

Yes. Statewide

Areas Addressed By Program:

Health Services

Funding Method:

EPSDT
Local Tax Dollars
State Health Department Grants

Estimated Annual Budget:

$350,000

Source: 1995 CityMatCH Survey

Flint, Michigan

Program: Special School Immunization Project
Contact: Marilyn Legacy
Phone: (810) 257-3634
Start Date: 01-01-90

Target Population:

New School entrants.

Accomplishments:

The project awarded certificates and plaques at the end of each year based on the immunization rate achieved. Overall, the project was a success in motivating schools to encourage immunization compliance. Although the rates of individual school districts didn't necessarily improve as much as we would have liked, it set the schools in motion to meet the new laws requiring 90 percent compliance of all new entrants in November of 1994.

Purpose:

In 1990, the Genesee County Health Department established the "Special School Immunization Project." We began enrolling school districts in Genesee County with low immunization rates. The project lasted five years, at which time all school districts in Genesee County had been enrolled. The purpose was to increase to 90 percent or better, each school district's immunization rate for new school entrants. A public health nurse worked with the different school districts, setting up immunization clinics as needed in individual schools.

Has the activity been evaluated?

Don't know.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:
Health Education
Health Services
Community Involvement

Funding Method:
Health Centers Section 330 PHS
Medicaid
Private Foundations

Estimated Annual Budget:
$40,000

Source: 1995 CityMatCH Survey

Grand Rapids, Michigan

Program: Student Assistance Program
Contact: Michele Baukema
Phone: (616) 336-3756
Start Date: 01-01-90

Target Population:

Kindergarten through 12th grade.

Accomplishments:

The program to date has provided services to 1,815 students and families in the Montcalm, Ionia and Kent Counties of Michigan.

Purpose:

The Student Assistance Program of the Kent County Health Department is a kindergarten through 12th grade program that offers a way for schools to address high risk behaviors in youth which interfere with their academic performance and/or social development.

The program is based on three ideas:

- There is a need for schools and health care organizations to work together to bring about positive changes in young people. Combining the expertise of both groups is very valuable when trying to confront the complex problems facing youth today.
- Early intervention into the lives of troubled youth increases the probability of positive changes. If students do not receive appropriate attention, their problems may worsen. For this reason, the Student Assistance Program is as important in the elementary schools as it is in the high schools.
- The Student Assistance Program must support the mission and goals of the educational community. The importance of the program is not only in helping youth, but in helping schools to continue providing quality education.

Has the activity been evaluated?

Yes. All training programs are evaluated. Currently a long file evaluation is being conducted.

Has this initiative been tried elsewhere?

Yes. Nationwide in a variety of formats.

Areas Addressed By Program:

Counseling & Psychological Services
Community Involvement
Healthy School Environment
Assessment

Funding Method:

State Education Agency
Substance Abuse Prev. & Tax Grant

Estimated Annual Budget:

$300,000 to $350,000

Source: 1995 CityMatCH Survey

Lansing, Michigan

Program: School Health Screening Program
Contact: Elaine Tannenbaum
Phone: (517) 887-4466
Start Date: 09-01-92

Target Population:

Low-income elementary school children in Ingham County.

Accomplishments:

In addition to providing a comprehensive health screening, families are referred to health care providers as needed, appointments are made for Michcare (Medicaid for children) applications where families qualify and children are referred on as problems are identified. To date more than 1,000 children per year have been screened, and health problems have been identified and referred on for further care. Michcare applications have been identified and immunizations have been given.

Purpose:

The School Health Screening Program consists of a team of a nurse assessor, public health nurse and a clerk/technician to provide comprehensive EPSDT screenings for low-income elementary school children in Ingham County and their respective schools. In particular, the population are low-income families with no medical insurance.

Has the activity been evaluated?

Yes. Follow-up on problems identified and resolved.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Education
Health Services

Funding Method:

Local Tax Dollars
EPSDT

Estimated Annual Budget:

NA

Source: 1995 CityMatCH Survey

Mt. Clemens, Michigan

Program:	Vision/Hearing Screening
Contact:	Mary Criel
Phone:	(810) 469-5188
Start Date:	01-01-60

Target Population:

Preschool and school-age students.

Accomplishments:

The program has served more than 100,000 students annually. Approximately ten percent of screened students require follow-up supervision. Program staffing consists of one program coordinator, one typist/clerk, 15 vision/hearing employees for the school year only. These tests provide color screenings as well and these tests are conducted in all public, preschool and private schools. For hearing failures, we are staffed with an ear, nose and throat specialist, physician, audiologist and a health department employee. The program continues to be cost shared in 1994-95 school year.

Purpose:

These preschool and school-age vision and hearing screenings have been in effect for more than 30 years. The program is currently free to students and preschool districts. Recognized and appreciated. Currently, free to students and school district. Program staffing consists of one program coordinator, one typist clerk and 15 vision/hearing technicians.

Has the activity been evaluated?

Yes. State public health depth on-site evaluates a technical assistance program. Peer evaluations by Veterans Hospital program coordinator project managers.

Has this initiative been tried elsewhere?

Yes. Everywhere for years.

Areas Addressed By Program:

Health Services

Funding Method:

Local Tax Dollars

Estimated Annual Budget:

$285,000

Source: 1995 CityMatCH Survey

Westland, Michigan

Program: School Enterers Immunization Program (SEIP)
Contact: R. Thomas Brodnax
Phone: (313) 467-3479
Start Date: 01-01-94

Target Population:

Kindergarten through 12th grade, Head Start and licensed day care centers. The School Enterers Immunization Program monitors the immunization status of all children enrolled in public and private elementary and secondary schools, as well as those enrolled in preschool or Head Start programs and licensed day care centers.

Accomplishments:

With the assistance of SEIP, these institutions maintain a very high level of children who have all the immunizations appropriate to their age. Of 33 districts in Wayne County, only one did not achieve its required level. SEIP-type programs assure adequate immunization among school enterers and day care attendees. SEIP reports school district immunization levels to MDPH by computer discs. These discs have replaced an eight inch stack of hard copy. Use of the record-keeping system has made a large inroad into the ability of SEIP to summarize immunization levels quickly and accurately.

Purpose:

The SEIP monitors the immunization status of all children enrolled in public and private elementary and secondary schools as well as, those enrolled in preschool or Headstart programs and licensed day care centers. Assures that children from birth to 18 years of age are immunized against vaccine preventable diseases including polio, Influenza B, measles, mumps, rubella, diphtheria, tetanus and pertussis. A related policy encourages high immunization levels is the Michigan Department of Education imposes a 5 percent funding penalty on kindergarten through 12 unless they achieve a 95 percent level of immunization.

Has the activity been evaluated?

Don't know.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Services

Funding Method:

Local Tax Dollars
Medicaid

Estimated Annual Budget:

$100,000

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Source: 1995 CityMatCH Survey

Minneapolis, Minnesota

Program: Hepatitis B Immunization Project
Contact: Kathie Amble
Phone: (612) 673-3814
Start Date: 10-01-93

Target Population:

Adolescents in the Minneapolis Public Schools.

Accomplishments:

The program was promoted through all school media channels. Collaboration between school nurse and Center staff was used to complete the three injection series and develop a tracking system. To date 500 students have initiated the series and only five students have been lost to follow-up. All others have completed the series or are scheduled to complete the series.

Purpose:

The Minneapolis School-based Center has initiated a program to immunize adolescents in the public schools against Hepatitis B. All clinic registrants are offered the vaccine. Educational information was developed for parents, students and school staff.

Has the activity been evaluated?

Yes. Tracking system for the percent of individuals completing the series.

Has this initiative been tried elsewhere?

No.

Areas Addressed By Program:
Health Education
Health Services

Funding Method:
Individual School Support
Vaccine Provided State Health Dept.
Title V, MCH Block Grant

Estimated Annual Budget:
$20,000 (staff and vaccine)

Source: 1995 CityMatCH Survey

St. Paul, Minnesota

Program: Immunization at the Placement Center
Contact: Diane Holmgren
Phone: (612) 292-7712
Start Date: 01-01-94

Target Population:

The Placement Center is the school district intake center for all kindergarten through 12th grade students who are new to the district from out of the county and for all the seventh through 12th grade students who are new to the district.

Accomplishments:

The program is based at the Placement Center, but also provides immunizations at three elementary schools located within neighborhoods with the lowest compliance rates for timely immunizations. This year more than 800 immunizations were provided to students and younger siblings, creating an easily accessible service and eliminating numerous barriers for these families.

Purpose:

Through Immunization Action Plan grant funding, St. Paul Public Health assisted the St. Paul Schools in developing systems, collecting data and capturing reimbursement for providing immunizations in the Placement Center.

Has the activity been evaluated?

No. Not yet. Should be scheduled sometime this year.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Services

Funding Method:

Grant Funds
Reimbursements

Estimated Annual Budget:

NA

Source: 1995 CityMatCH Survey

Jackson, Mississippi

Program: Natural Helpers
Contact: Jane Stanton
Phone: (601) 987-3977
Start Date: 01-01-85

Target Population:

Adolescents.

Accomplishments:

We are starting some pilot programs in cooperation with the leadership of the extensive service in two schools. This is the values and choices program out of Minnesota. Our family planning advisory council through the existing service in to introduce the program. We will cooperate to help implement these pilot programs.

Purpose:

Catholic Charities provided funding and leadership for workshop training and ongoing weekly training for staff. They were also sponsors of "Natural Helpers" an adolescent health issues program. One chapter at Bailey Neagreet School has been extremely active and successful in presenting programs to fellow students, listening to peers, directing services and providing school services. These students also participated and helped present information at our weekly health department teen maternity clinic. Catholic Charities lost its funding this year, and the Bailey program is the only one functioning.

Has the activity been evaluated:

No.

Has this initiative been tried elsewhere:

Yes. Montgomery County.

Areas Addressed By Program:

Health Education
Community Involvement
Responsibility
Respect
Decision Making
Justice

Funding Method:

Some Drug Grants

Estimated Annual Budget:

NA

Source: 1995 CityMatCH Survey

Independence, Missouri

Program: Independence Missouri Health Education Project (IM/HEP)
Contact: Mary Freeman
Phone: (816) 325-7186
Start Date: 01-01-79

Target Population:

Providing health screenings for all seventh grade students.

Accomplishments:

In addition to the health screenings and referrals, establishing contact with parents, classroom health risk presentations and statistical reports for school officials are a few of the program's accomplishments.

Purpose:

The purpose of the Independence Missouri Health Education project is to provide health screening for all seventh grade students. These screening included health risk appraisal, height/weight, blood pressure, step test and hemoglobin. Exit counseling is designed to discuss screening results, health risk assessment and set a one-month health goal.

Has the activity been evaluated?

Yes. Eighteen months after screening. Findings indicated more than 70 percent of students surveyed were either working on same or a new health goal.

Has this initiative been tried elsewhere?

Yes. Clay County, Missouri Health Department.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Nutrition Services

Funding Method:

Individual School Support
Local Tax Dollars
Preventive Health Services Blk. Grant
Title V, MCH Block Grant
(w/Title V funding agency)

Estimated Annual Budget:
$63,000

Source: 1995 CityMatCH Survey

Kansas City, Missouri

Program:	Annual School Health Conference
Contact:	Chuck Espinoza
Phone:	(816) 561-1044
Start Date:	01-01-80

Target Population:

School nurses, health professionals and school administrators.

Accomplishments:

One-day conference.

Purpose:

An annual one-day conference for school nurses, health professionals and school administrators covering topics of relevant interest. Topics are selected by a conference committee. This is the only conference in the area that focuses on the concerns of school nurses metropolitan-wide, in two states/seven counties.

Has the activity been evaluated:

Don't know.

Has this initiative been tried elsewhere:

Don't know.

Areas Addressed By Program:

Health Education
Healthy School Environment
Health Promotion for Staff

Funding Method:

Conference Registration Fees

Estimated Annual Budget:

$3,500

Source: 1995 CityMatCH Survey

St. Louis, Missouri

Program: Child Guard
Contact: Joan Fiock
Phone: (314) 658-1123
Start Date: 01-01-82

Target Population:

Public and nonpublic school students.

Accomplishments:

Following this comprehensive campaign, the health records are reviewed on an ongoing basis yearly, and the children are immunized prior to entrance into school.

Purpose:

The health records of both public and nonpublic schools were reviewed by nurses and clerks. Consent forms were then sent home for parental consent as immunization clinics were set up in the school environment to provide needed vaccines.

Has the activity been evaluated?

The evaluation process is the in-depth subsequent annual immunization record review.

Has this initiative been tried elsewhere?

No.

Areas Addressed By Program:

Health Education
Health Services

Funding Method:

Local Tax Dollars
Corporate Donations

Estimated Annual Budget:

NA

Source: 1995 CityMatCH Survey

Billings, Montana

Program:	Dental Clinic Program For Needy Children
Contact:	Vicki Olson Johnson, R.N.
Phone:	(406) 256-6806
Start Date:	09-01-83

Target Population:

All school-age children in Yellowstone County.

Accomplishments:

To date this program continues to be successful and growing in support. It is truly a community effort. We also established a similar program to serve the vision needs of students. Service organizations, professionals and businesses working together with school nurses. This program has more than 16 years in successful existence and has provided many students with eye exams and eyeglasses.

Purpose:

All school-age children in Yellowstone County are eligible to request assistance from this program. In 1982-83 a needs assessment was done regarding neglected dental care in school-age children kindergarten through sixth grade. In response to the identified need of many children lacking care due to lack of funds, a plea was made to the community dentists and an exchange service club organization offered the financial and transportation assistance. The dentists were provided minimal reimbursement and gave more than two-thirds of the cost as a donation. The health department coordinated all the clinics and services. School nurses were the source of the referrals.

Has the activity been evaluated:

No.

Has this initiative been tried elsewhere:

No.

Areas Addressed By Program:

Health Education
Health Services
Community Involvement

Funding Method:

Individual Donations

Estimated Annual Budget:

$2,000

Source: 1995 CityMatCH Survey

Lincoln, Nebraska

Program: Early Intervention Service Coordination
Contact: Carole Douglas or Patty Baker
Phone: (402) 441-8051 or (402) 441-8076
Start Date: 10-01-92

Target Population:

Young children with disabilities in their families

Accomplishments:

The State of Nebraska passed legislative bill 520 to provide that service coordination to be made available to families with children birth to three years of age with developmental disabilities. This program has been contracted to the health department to provide these services and will begin taking referrals January 1, 1995. Having already facilitated several systems change meetings among all three agencies involved and experienced improved communication between our agencies, we see this initiative as a major accomplishment to improved services for children and families in all agencies involved.

Purpose:

The Lincoln.Lancaster Health Department, Department of Social Services and Lincoln Public Schools signed a Statement of Agreement in 1993 to implement a collaborative, comprehensive, coordinated system of early intervention services for young children with disabilities and their families in Lincoln, Nebraska. Under the terms of this agreement, services coordination staff began assisting families with children birth to three years of age in the IFSP process which was developed and piloted by the Lincoln Inter-Agency Planning Region Team. Agency procedures and practices, under this agreement, were modified to facilitate the goals of the planning team.

Has the activity been evaluated?

Yes. Lincoln's interagency planning region team serves as an advisory committee to this program and has formally evaluated the program. The families who have received services from this grant have also formally evaluated this program.

Has this initiative been tried elsewhere?

Yes. Services coordination for children birth to three years of age is provided for under Federal law 99-457. We are the only community in Nebraska where a health department has the lead role in services coordination.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Referral
Community Involvement
Nutrition Services (educational info)
Physical Education
Healthy School Environment
Health Promotion for Staff
Managed Care

Funding Method:

Medicaid
State Developmental Disabilities Grant

Estimated Annual Budget:

$44,000

Source: 1995 CityMatCH Survey

Omaha, Nebraska

Program:	Body Walk
Contact:	Patty Falcone
Phone:	(402) 444-7146
Start Date:	02-01-94

Target Population:

Kindergarten through fourth grade students, 600 students in two to three ethnically diverse schools (25 percent minority in North Omaha), 100 children and parents at the North Y.M.C.A. branch (African-American).

Accomplishments:

Three North Omaha elementary schools have completed "Body Walk."

Purpose:

This is a cooperative project with the American Heart Association, American Lung Association, American Cancer Society, University of Nebraska at Omaha Department of Exercise Science, Creighton University School of Nursing, Dairy Council of Central States, Douglas County Extension Agency and the Nebraska Dental Auxiliary. The program "Body Walk," was developed by the Idaho Dairy Council and Idaho Dietetic Association, as a participatory health education program for kindergarten through fourth grade students. The focus is on good health combined with good nutrition and physical activity.

Has the activity been evaluated?

Yes. Evaluation report in spring 95 when the program was completed. The evaluation report method used the number of participants, course evaluation and a pretest and posttest.

Has this initiative been tried elsewhere?

Yes. Developed in Idaho and previously implemented in Nebraska.

Areas Addressed By Program:
Health Education

Funding Method:
American Heart Assoc./NE Chapter

Estimated Annual Budget:
$7,000

Source: 1995 CityMatCH Survey

Las Vegas, Nevada

Program: Kindergarten Round-Ups
Contact: Fran Courtney
Phone: (702) 383-1301
Start Date: 01-01-91

Target Population:

Kindergarten students.

Accomplishments:

NA

Purpose:

In cooperation with other community organizations (public, private and not-for-profit), we developed and use Kindergarten Round-Ups when physical exams and immunizations are offered at no cost to neighborhood children.

Has the activity been evaluated:

Yes. According to attendance, number of physical assessments done, referrals, immunizations given and response percent.

Has this initiative been tried elsewhere:

Don't know.

Areas Addressed By Program:
- Health Education
- Health Services
- Community Involvement

Funding Method:
- Corporate Donations
- Individual School Support
- Donated Corporate Employee Time
- Donated Immunization Materials
- Immunization Program from CDC

Estimated Annual Budget:
NA

Source: 1995 CityMatCH Survey

Reno, Nevada

Program:	Immunization Clinics
Contact:	Steve Kutz
Phone:	(702) 328-2477
Start Date:	06-01-94

Target Population:

All children who enter school.

Accomplishments:

See purpose.

Purpose:

Washoe County, Nevada requires that all children who enter into school show proof of up-to-date immunization status by providing the school district with a card authorized by the district health department. Previously, all children were required to get this authorized card at the health department. This resulted in long waits and overcrowded facilities. To improve both access for families and immunization levels, the health department teamed up with the school district to provide immunization clinics at the schools themselves. This way a parent can not only register his or her child for the school year, but get immunized at the same time.

Has the activity been evaluated?

NA

Has this initiative been tried elsewhere?

NA

Areas Addressed By Program:

Health Education

Funding Method:

Health Centers Sections 330 PHS
Individual School Support
Preventive Health Services Blk. Grant

Estimated Annual Budget:

NA

Source: 1995 CityMatCH Survey

Albuquerque, New Mexico

Program:	Pride Project at Cibola High School
Contact:	Gladys Lehman
Phone:	(505) 841-4113
Start Date:	01-01-89

Target Population:

High schools and middle schools.

Accomplishments:

NA

Purpose:

This is a public/private collaborative project in a high school. A local pediatric group and health department have been collaborating to write grants and get seed money to start a school-based clinic which includes a nurse practitioner who staffs a clinic twice a week, a mental health worker and other preventive programs in the middle school. The project has been ongoing and growing over the years and is thought of as a model of private/public partnership.

Has the activity been evaluated:

Don't know.

Has this initiative been tried elsewhere:

Don't know.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Physical Education

Funding Method:

Corporate Donations
Local Tax Dollars
Title X

Estimated Annual Budget:

NA

Source: 1995 CityMatCH Survey

Manchester, New Hampshire

Program: Healthy Schools Program
Contact: Mary Ann Cooney
Phone: (603) 624-6466
Start Date: 01-01-93

Target Population:

To promote the health and well being of students, families and staff.

Accomplishments:

The Healthy Schools Program will accomplish its mission through an organized and coordinated set of policies, procedures and activities designed to promote the health and well-being of students, families and staff in the following eight areas:

- Food and nutrition services
- School health services
- School environment
- Community/school integration
- Work site/employee wellness
- Health education
- Guidance/counseling/support services
- Physical education

Purpose:

Manchester's Healthy Schools Program states that health is defined as complete mental, physical, social and emotional well-being, not just absence of disease or illness. In addition, wellness is defined as the positive healthy life-style one chooses in order to achieve his or her highest potential for well-being. Educational achievement is directly related to health and wellness; therefore, the mission of the Healthy Schools Program is to provide opportunities, knowledge, skills and the environment necessary to motivate students, families, staff and the community to help themselves and others live healthy, productive lives.

Has the activity been evaluated?

No. Currently working on a method.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Nutrition Services
Physical Education
Health Promotion for Staff

Funding Method:

Local Tax Dollars
Volenteers
Inkind Contributions

Estimated Annual Budget:

NA

Source: 1995 CityMatCH Survey

Albany, New York

Program:	Dental Health Services
Contact:	M. Di Manno
Phone:	(518) 447-4612
Start Date:	03-01-94

Target Population:

Between 600 and 700 school-age children in the Albany City School District who were identified as being in immediate need for dental care.

Accomplishments:

All of the 60 targeted children completed the dental treatment. The average child had eight fillings and dental health education was provided. In total, the children made 294 visits to the clinic. More than 250 sealants were applied and 460 teeth were restored.

Purpose:

The Albany City School District employs one dental hygienist. We met with school administration and started a program with a school close to our dental clinic. Children who use the clinic average six to seven cavities each. There were 60 of these children enrolled in this school. Our dental staff met with the children's parents in the evening at the school where they explained the services of our dental clinic. The parents provided medical histories, insurance information and written permission to see their children.

Has the activity been evaluated?

No.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Education

Dental Health

Funding Method:

Local Tax Dollars

Medicaid

Patient Self-Pay

Private Insurance (including HMO)

Estimated Annual Budget:

$9,833 (for personnel only)

Source: 1995 CityMatCH Survey

New York, New York

Program: Expansion of School Health Services
Contact: Cecilia Fitzpatrick, M.D.
Phone: (212) 788-4958
Start Date: 01-01-90

Target Population:
School students in New York public schools.

Accomplishments:
NA

Purpose:
This initiative is the result of a lawsuit against the New York Department of Health. As a result, the Department of Health agreed to provide a public health assistant in every public school. This assistant is part of a team composed of a nurse and physician. Nurse and physician assignments in schools are determined by a ranking of school health needs.

Has the activity been evaluated?
No.

Has this initiative been tried elsewhere?
Yes. This is a delivery model based on the "Public Health Case Management Plan."

Areas Addressed By Program:
Health Education
Health Services

Funding Method:
Local Tax Dollars

Estimated Annual Budget:
$35 million

156

Source: 1995 CityMatCH Survey

Rochester, New York

Program:	Vision Care For Kids
Contact:	Nancy O'Mara
Phone:	(716) 274-6177
Start Date:	03-01-92

Target Population:

Each year, more than 19,000 students are screened for vision deficits. Approximately 3,000 of these students are referred for follow-up due to an abnormal screening.

Accomplishments:

During the first two years of operation, the program has provided eye-glasses for more than 1,200 students. As a three-year "demonstration initiative," it has proved successful in increasing the number of students receiving vision care. A group of health providers, community and county leaders have been meeting to implement a long-term solution.

Purpose:

After reviewing the annual vision report from the 1990-1991 school year, the lack of Medicaid and health insurance with vision riders was creating identified vision problems. Members from the local department of social services, department of health, United Way & the Industrial Management Council developed a plan to address this concern. The Optometric Society agreed to provide free eye exams; Baush & Lomb agreed to provide frames; two private labs agreed to grind lenses; and the United Way agreed to purchase the lenses. Transportation was provided by the distribution of bus tokens and a private transporter. The Eye Conservation Council agreed to coordinate appointments and transportation. The Industrial Management Council provided seed funds for phones and office supplies to coordinating agencies. Students who needed further referrals were referred to the Opthamalogy Group of the Monroe County Medical Society.

Has the activity been evaluated?

Yes. Data is kept on the number of students and utilization of the vision care for kids program. Abnormal screenings will be monitored to determine impact on children needing follow-up.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Services
Community Involvement

Funding Method:

Charitable Campaigns
Corporate Donations
Local Social Services
Medicaid
Professional Contributions
Non-Profit Agency Funds

Estimated Annual Budget:
$6,000

Source: 1995 CityMatCH Survey

Syracuse, New York

Program: Young Mothers Educational Development
Contact: Beverly Miller
Phone: (315) 435-3811
Start Date: 01-01-65

Target Population:

Teenage parents in Syracuse, New York. Syracuse and Onondaga County junior and senior high school students.

Accomplishments:

- Obstetrician, physician assistant and nurse practitioner supervise prenatal, postpartum and family planning services
- 24-hour medical and crisis coverage
- Registered nurse available for daily monitoring of pregnant students
- Community health nurse coordinates health care for outside health providers and community agencies
- Nutrition education counseling and W.I.C. enrollment on-site
- Prenatal, childbirth and newborn education
- Assessment of educational program needs and appropriate grade level curriculum outlines
- District teachers provide junior and senior high school instruction
- Special education teacher available
- Health education class specifically prepared for pregnant and parenting teens
- Case management services includes individualized service, goal planning, advocacy, referral and support
- Parenting skills, education, support and small group parent/infant learning instruction
- Group counseling and individualized counseling on site by referral
- Licensed infant care center provided daily and for all activities

Purpose:

The Young Mothers Educational Development Program is a comprehensive program which provides medical, educational, social work and day-care services to promote the health and self-esteem of teenage parents. The program is designed to prepare them for responsible parenting and independent living.

Has the activity been evaluated?

No.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:	**Funding Method:**
Health Education	Individual School Support
Health Services	Local Social Services
Counseling & Psychological Services	Local Tax Dollars
Community Involvement	Medicaid
Nutrition Services	
	Estimated Annual Budget:
	NA

Source: 1995 CityMatCH Survey

Charlotte, North Carolina

Program:	Collaboration with Cities in Schools Program
Contact:	R. T. Leddy
Phone:	(704) 336-4763
Start Date:	01-01-92

Target Population:

Risk-identified students in grades kindergarten through 12.

Accomplishments:

Cities in Schools students, as a specific cohort, have shown significant increases in scholastic performance and reduced drop out rates.

Purpose:

Our Health Department School Health Program collaborates with the community's Cities In Schools to provide risk-identified students in grades kindergarten through 12, case finding and management, CIS-specific physical assessments, other screenings, referrals for primary care and referral follow-up.

Has the activity been evaluated?

Yes. By continuous measurement of Cities In School student's performance by CIS program and school system.

Has this initiative been tried elsewhere?

Yes. Various urban areas across the United States.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Nutrition Services
Healthy School Environment
Health Promotion for Staff

Funding Method:

Local Tax Dollars

Estimated Annual Budget:

$100,000

Source: 1995 CityMatCH Survey

Durham, North Carolina

Program: School Health Services Team
Contact: Peg Wolfe
Phone: (919) 560-7700
Start Date: 10-01-91

Target Population:

School nurses, health educators and health department personnel.

Accomplishments:

As a result, the School Health Supervisor from the Health Department invited staff to sit in on meetings of school system Student Support Services. As issues and needs arise, they are jointly addressed and supported. For instance, a subcommittee was formed to address the wellness perspective.

Purpose:

We established the team to better coordinate our services in, and share our resources with, the school community. We invited school system staff (Coordinator of Comprehensive School Health Program and Healthful Living Specialist) to join us. Monthly meetings to share ideas and plans on joint publicity, evaluation and working together on projects.

Health Department team members include school nurses, health educators, nutritionists assigned to schools, a dentist, a family planning nurse and a physician who is assistant health director.

Has the activity been evaluated:

NA

Has this initiative been tried elsewhere:

NA

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Nutrition Services
Physical Education
Healthy School Environment

Funding Method:

Local Tax Dollars

Estimated Annual Budget:

NA

Source: 1995 CityMatCH Survey

Greensboro, North Carolina

Program: Adolescent Pregnancy Prevention
Contact: Mary Sappenfield
Phone: (910) 373-3273
Start Date: 01-01-86

Target Population:

Adolescents at Kiser Middle School in Greensboro and Ferndale Middle School in High Point

Accomplishments:

Nurses work closely with students at high risk of becoming pregnant. These students receive intense counseling and education to help them delay sexual activity, learn the skills to say no to peer pressure, encourage interaction and discussion with parents and to understand the responsibilities of parenting. When the program started, there were 15 known pregnancies. Last year there were five and this year there were two.

Purpose:

Guilford County has been the recipient of a grant from the State of North Carolina since 1986 to reduce the number of adolescent pregnancies through the development and use of a school-based health and education program. Nurses are assigned full-time to Kiser Middle School in Greensboro and Ferndale Middle School in High Point. Nurses provide standard school nursing services for all students at these schools to promote healthy life-styles.

Has the activity been evaluated?

Yes. An outside evaluation was conducted by the Philliber Research Associates of Accord, New York.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Education
Health Services

Funding Method:

Local Tax Dollars
State Grant Funding

Estimated Annual Budget:
$95,915

Source: 1995 CityMatCH Survey

Raleigh, North Carolina

Program:	Hospital Alliance for School Health
Contact:	Peter Morris, M.D., M.P.H.
Phone:	(919) 250-4637
Start Date:	01-08-93

Target Population:

The program serves four elementary schools, one middle and one high school in the inner city, Southeast Raleigh.

Accomplishments:

Prior to the Alliance expansion, 11 school nurses were spread thin serving almost 80,000 students in 94 schools. The pilot program aims to prove the benefits of intensified school health intervention.

Purpose:

The Hospital Alliance for School Health is a community funded and focused pilot program serving four elementary schools, one middle and one high school in the inner city, Southeast Raleigh. Privately funded by the County's three local hospitals, the Alliance provides services to improve school performance and success of students in the targeted schools.

Four school nurses are assigned one or two schools each, providing screening, referrals, consulting and counseling to students, families and faculty. A school linked clinic, staffed by a clerk, nurse and physician assistant with physician consultation, provides clinical assessments. Nurses use case management skills for students or families requiring ongoing care, referring the most difficult cases to a full-time social worker. A part-time nutritionist counsels parents, teachers and students and coordinates health fairs. Each school chose and implemented a health promotion initiative.

Has the activity been evaluated?

Yes. Contracted to education consultants for both process (contracts, referrals, serviced care) and outcome indicators (absenteeism, end of school grades supervisions and drop out rates).

Has this initiative been tried elsewhere?

Yes. Expanded from initial six school sites in urban setting to additional six schools in rural setting in our county.

Areas Addressed By Program:

Health Education
Health Services
Community Involvement
Nutrition Services
Physical Education
Health Promotion for staff

Funding Method:

Corporate Donations
Private Foundations

Estimated Annual Budget:

$600,000

Source: 1995 CityMatCH Survey

Winston-Salem, North Carolina

Program: Full-time Nurse at Children's Center
Contact: Peggy H. Lemon
Phone: (910) 727-8297
Start Date: 08-01-93

Target Population:

Exceptional children; physically handicapped, medically fragile, austic, severely/profoundly handicapped, developmentally delayed, trainable mentally handicapped and emotionally handicapped students.

Accomplishments:

The nurse in each school provides some direct care. However, the primary role is the assessment, care planning and ongoing evaluation of students with special health care service needs in the school setting. She also provides training, supervision and monitoring for school staff that participate in direct care to students. Students, parents, school staff and administrators are very pleased with this arrangement.

Purpose:

Schools that are part of the Winston Salem Forsyth County School system and have an enrollment of between 80-100 students. Students are assigned to these schools through the exceptional children's program. The students range in age from birth to 21 years. This includes physically handicapped, medically fragile, , severely/profoundly handicapped, developmentally delayed, trainable mentally handicapped and behavior/emotionally handicapped students. Many of these students are nonverbal and/or nonambulatory.

Has the activity been evaluated:

Yes. The nurses are evaluated on an annual basis by a nursing supervisor and school principal. All evaluations have been very positive.

Has this initiative been tried elsewhere:

Don't know.

Areas Addressed By Program:

Health Education
Health Services
Healthy School Environment

Funding Method:

Charitable Campaigns
District or Diocese Education Office

Estimated Annual Budget:

$62,000

Source: 1995 CityMatCH Survey

Cleveland, Ohio

Program: School Collaborative
Contact: Karen K. Butler
Phone: (216) 664-4371
Start Date: 08-01-94

Target Population:

Adolescents 19 and younger. Junior high and high school students in 19 Cleveland schools.

Accomplishments:

As a result of this workshop, teams were prepared to provide an interdisciplinary approach to pregnancy prevention and management. We identify high-risk students for intervention programming and peer support groups.

Accomplishments:

- Established prevention and intervention services in the Cleveland Public Schools
- Provide education and referral services to participating students
- Assembled a teen prevention coalition in each school
- Liaisons formed with adolescent service providers in each school

Purpose:

The Cleveland Healthy Family/Healthy Start Project team has integrated outreach staff members into all 19 area middle and high schools within the project area. To kick off this event, a summer symposium was held to provide a team approach to pregnancy prevention and management. Personnel from each of the middle and high schools came together with parents, student leaders and outreach staff for a two day workshop.

Has the activity been evaluated?

No.

Has this initiative been tried elsewhere?

No.

Areas Addressed By Program:
Health Education
Nutrition Services

Funding Method:
Preventive Health Services Blk. Grant
Alcohol Service Board
Healthy Start

Estimated Annual Budget:
NA

Source: 1995 CityMatCH Survey

Columbus, Ohio

Program: Y.E.S. Program (You're Extra Special)
Contact: Liane Egle
Phone: (614) 645-6244
Start Date: 03-01-92

Target Population:

Children of alcoholics.

Accomplishments:

Eleven schools have been served to date. The program has received state and national awards as an outstanding prevention program. The staff also received a local award from teachers who are familiar with the program. Training is provided to school staff, teachers and counselors to make them more aware of the needs of children of alcoholics. Training is offered twice a year.

Purpose:

You're Extra Special is a 12-week support and education program for children of alcoholics and addicts. Children attend group sessions on a weekly basis. The major focus of the program is to deal with parental alcohol and drug abuse and help children understand that they are not the cause of the problem. These children are four times as likely to develop a substance abuse problem, and the program is designed to reduce these risks. Play therapy, art expression and group discussion are a few of the methods used to encourage participation.

Has the activity been evaluated?

Yes. Parent satisfaction surveys and training evaluations were completed. Findings show a 30 percent increase in issue knowledge. All of the participants completing the program know that children do not cause parents to have a drug/alcohol problem.

Has this initiative been tried elsewhere?

No.

Areas Addressed By Program:

Health Education
Counseling & Psychological Services
Health Promotion for Staff

Funding Method:

Local Tax Dollars
Substance Abuse Prev. & Tax Grant
County Administrative Board

Estimated Annual Budget:

$50,000

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Source: 1995 CityMatCH Survey

Dayton, Ohio

Program: Clean Cat Program
Contact: Pat Temple
Phone: (513) 225-4514
Start Date: 01-01-93

Target Population:
Kindergarten children.
Accomplishments:
We complete approximately 25 programs for 500 kindergarten children each year.
Purpose:
An instructional hand-washing program dealing with the prevention of disease.
Has the activity been evaluated?
Yes. Informally by written comments from school principals.
Has this initiative been tried elsewhere?
Don't know.

Areas Addressed By Program:
Health Education
Health Services
Health Promotion for Staff

Funding Method:
District or Diocese Education Office
Individual School Support

Estimated Annual Budget:
NA

166

Source: 1995 CityMatCH Survey

Oklahoma City, Oklahoma

Program: Curriculum for Emotional Competence.
Contact: Jerry Walker
Phone: (405) 425-4412
Start Date: 08-01-89

Target Population:

Fourth grade students at Mark Twain Elementary School. Demographics include low economic status, more than 90 percent are on federal lunch/breakfast program, 33 percent white, 33 percent Latino and 33 percent African-American.

Accomplishments:

NA

Purpose:

Curriculum for emotional competence. The focus is on recognition and identification of feelings, relaxation and problem solving to formulate strategies to "make things better."

Has the activity been evaluated?

Yes. Student behavioral observation checks were competed by teachers and impartial third parties.

Has this initiative been tried elsewhere?

Yes. Published curriculum available.

Areas Addressed By Program:

Counseling & Psychological Services
Community Involvement

Funding Method:

Local Tax Dollars

Estimated Annual Budget:

$5,000

Source: 1995 CityMatCH Survey

Portland, Oregon

Program:	Comprehensive School Based Health Centers
Contact:	Denise Chuckovich
Phone:	(503) 248-3674
Start Date:	01-01-86

Target Population:

16 high school, two middle schools and one elementary school.

Accomplishments:

The centers will be staffed with one public health nurse coordinator, nurse practitioner, health assistant and a full-time mental health counselor. We will be reallocating health department schools in the next 18 to 24 months and incrementally adding high risk schools as needed. We place a heavy emphasis on health promotion with the program.

Purpose:

To establish comprehensive school-based health centers in seven of 16 area county high schools. The first center was established in 1986. Two middle and one elementary school-based centers will open in 1995.

Has the activity been evaluated?

Yes. Evaluations show positive results regarding improved access, increased use of health and mental health services, decreased risk behaviors and a decrease in adolescent pregnancy rates. We are currently completing a major evaluation of students, parents and school facility.

Has this initiative been tried elsewhere?

Yes. More than 500 school-based health centers nationwide.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Physical Education
Health Promotion for Staff

Funding Method:

Health Centers Section 330 PHS
Local Tax Dollars
Medicaid
Private Insurance (including HMO)
Title X
State General Funds

Estimated Annual Budget:
$1.7 million

Source: 1995 CityMatCH Survey

Salem, Oregon

Program:	Adolescent Health Service in Woodburn High School
Contact:	Donalda Dodson
Phone:	(503) 588-5357
Start Date:	01-01-93

Target Population:

School demographics are rural with a student population of more than 600. Forty percent of the students in grades nine through 12 have English as a second language and Spanish as the primary.

Accomplishments:

Just being there was a great accomplishment. Parents seeking service for their students.

Purpose:

School-linked health service with off-site clinical services for health education, health screening and education.

Has the activity been evaluated?

Yes. A data evaluation has been done to measure the achievements, objectives and goals.

Has this initiative been tried elsewhere?

Yes. Oregon has 18 school-based health centers.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Health Promotion for Staff

Funding Method:

State Funds
Great Start Child Health Program

Estimated Annual Budget:

$40,000

Source: 1995 CityMatCH Survey

Allentown, Pennsylvania

Program:	Deserve Dental Program/Lehigh Valley Hospital
Contact:	Merry Casey
Phone:	(610) 437-7615
Start Date:	11-01-94

Target Population:

School children receiving medical assistance/Medicaid.

Accomplishments:

Because private dentist offices are difficult for those without transportation to reach, the public transportation system takes them directly to the hospital. In the first six weeks, nine children have been served by this program.

Purpose:

The Deserve Dental Program of the Allentown Health Bureau was able to establish a relationship with a local hospital pediatric dental clinic to care for school-age children. They have allocated three clinics per month for the Deserve program in order to provide dental care for children receiving medical assistance. This alleviates some of the burden on two dentists in the Lehigh Valley area who care for patients receiving medical assistance.

Has the activity been evaluated?

NA

Has this initiative been tried elsewhere?

NA

Areas Addressed By Program:

Health Education
Health Services

Funding Method:

Title V, MCH Block Grant
(w/Title V funding agency)

Estimated Annual Budget:

NA

Source: 1995 CityMatCH Survey

Erie, Pennsylvania

Program:	School Health Partnership.
Contact:	Charlotte Berringer, R.N.
Phone:	(814) 451-6700
Start Date:	08-01-93

Target Population:

A student population of approximately, 1,950 students, kindergarten through 12th grade, with one of the highest teen pregnancy rates of any district in the county.

Accomplishments:

During the 1993-94 school year, 59 referrals were given by the district to the public health nurse. The program is proving to be a low cost, low technical intervention that directly impacts the students' ability to learn, thus giving them a more stable base to grow towards adolescence.

Purpose:

The Erie County Department of Health has placed a public health nurse in two rural elementary schools in a northwestern county school district. The nurse provides referrals, case management and family home assessment. The school nurse also assists in well child/immunization clinics in the district. The school nurse has become a more visible community leader by interacting with families before their children enter school.

Has the activity been evaluated?

Yes. A year-end meeting with the health department and school district administration. A survey of district personnel was taken also.

Has this initiative been tried elsewhere?

No.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Nutrition Services
Healthy School Environment
Health Promotion for Staff

Funding Method:

Title V, MCH Block Grant
(w/ Title V funding agency)

Estimated Annual Budget:

$30,000

Source: 1995 CityMatCH Survey

Philadelphia, Pennsylvania

Program: School Health Social Worker.
Contact: Marilyn Tadlock
Phone: (215) 685-6831
Start Date: 01-01-94

Target Population:
Two Philadelphia elementary schools.

Accomplishments:
Through home visiting and on-site activities, in cooperation with the school nurse, they work closely with families to secure necessary medical care for children. Home visiting is an essential component of this project.

The social workers also provide presentations on child health issues and promote regular use of primary health care to community organizations and social service agencies. In addition, they participate in neighborhood health fairs and other special health-related events. This program won an award from CityMatCH in 1994.

Purpose:
At two Philadelphia elementary schools, three maternal and child health social workers work to ensure that every child in the school is enrolled in a health insurance program. The social workers identify uninsured children, inform families about eligibility and entitlements and act as an advocate for families when necessary.

Has the activity been evaluated?
Yes. A process evaluation on the implementation and summary on enrollment and follow-up.

Has this initiative been tried elsewhere?
Yes. This has been expanded within Philadelphia and is now in as many as five schools.

Areas Addressed By Program:
- Health Services
- Community Involvement
- Community Health Education

Funding Method:
- EPSDT
- Local Tax Dollars
- Medicaid
- Title V, MCH Block Grant
  (w/Title V funding agency)

Estimated Annual Budget:
NA

Source: 1995 CityMatCH Survey

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Pittsburgh, Pennsylvania

Program:	Dental Health Services for Clairton School Students
Contact:	Larry Kanterman, D.D.S., M.S.
Phone:	(412) 578-8378
Start Date:	10-01-94

Target Population:

Clairton is a city in Allegheny County, Pittsburgh with a population of 9,656. It has experienced serious economic problems precipitated by the collapse of the steelmaking industry in the area.

Accomplishments:

Dental screening exams have been completed for 200 Clairton students. The County Head Start dental van was utilized for this activity. The exams were conducted by dental specialty residents and included an assessment of dental caries, malocclusion, oral soft tissue lesions and dental treatment priority.

Work is now underway to develop a dental office in the school. A dental chair and equipment are being donated. A pediodontist with a practice in a nearby town has agreed to staff the office primarily for Medicaid reimbursement. Through this initiative, students will have ongoing access to appropriate dental care.

Purpose:

The purpose of this initiative is to provide clinical dental examinations for all Clairton school children in compliance with the Pennsylvania School Code and support the development of a dental program. Allegheny County Health Department is interested in determining the dental needs of County children and ensuring that needy children have access to appropriate dental preventive and treatment programs. The University of Pittsburgh School of Dental Medicine trains dental residents, and this program can include community surveys of dental needs and subsequent program development to address those needs. The County, University and School District has combined resources to bring dental care to Clairton students.

Has the activity been evaluated?

No.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Education
Health Services
Community Involvement

Funding Method:

District or Diocese Education Office
Individual School Support
Local Tax Dollars
Medicaid
Pittsburgh University Dental School

Estimated Annual Budget:
NA

Source: 1995 CityMatCH Survey

San Juan, Puerto Rico

Program:	Summer Camp at the Villa Granada School
Contact:	Maternal & Child Division
Phone:	(809) 751-6975
Start Date:	07/01/94

Target Population:

Adolescents.

Accomplishments:

During 1994, from April to May, a workshop for parents was offered including such themes as growth and development, family planning and stress management. In March of 1994, another workshop was offered for adolescents and lasted for one month. In July, 1994, an adolescent summer camp was organized for the preparation of health promoters. The camp covered educational, cultural and recreational activities as well as life-styles modification. The experience was beautiful, with an excellent participation of students. These students are acting now as facilitators for the clinics.

Purpose:

School authorities had requested the services of the health department at this specific school due to its high incidence of drug use, vandalism, aggressiveness towards teachers, delinquency, etc. The maternal and child health staff adopted the school for practically six months during which different activities were organized.

Has the activity been evaluated?

Yes. A written evaluation was obtained from every participant.

Has this initiative been tried elsewhere?

No.

Areas Addressed By Program:
- Health Education
- Health Services
- Counseling & Psychological Services
- Community Involvement
- Healthy School Environment

Funding Method:
- Local Tax Dollars
- Private Contributions

Estimated Annual Budget:
$10,000

Source: 1995 CityMatCH Survey

Sioux Falls, South Dakota

Program: Second MMR Clinics for Kindergarten Students
Contact: Judy Kendall, R.N.
Phone: (605) 339-7110
Start Date: 04-01-94

Target Population:

South Dakota Kindergarten students in Sioux River Valley.

Accomplishments:

32 elementary schools visited and administered second MMR shots to kindergarten students.

Purpose:

The Sioux River Valley Community Health Center and the South Dakota State Health Department visited 32 elementary schools in Sioux Falls to administer second MMR shots to kindergarten students. This proved to be a very successful effort on everyone's part. Some private practices supplied the needed staff.

Has the activity been evaluated:

Yes. Each school had a 50 percent or greater immunization rate.

Has this initiative been tried elsewhere:

Don't know.

Areas Addressed By Program:

Health Services

Funding Method:

Health Centers Section 330 PHS
State Health Department
Private Clinics

Estimated Annual Budget:

NA

Source: 1995 CityMatCH Survey

Memphis, Tennessee

Contact: Kathleen Johnston, R.N., M.S.
Phone: (901) 576-7882
Program: Nurses in Memphis City Schools w/focus: Special Needs Children.
Start Date: 04-01-93

Target Population:

Memphis community schools has 106,000 children and approximately 10,000 are classified as special education children. There are 160 schools which have two school-based clinics, one nurse at an alternative school for pregnant teens and two nurses at three schools with large numbers of special education children.

Accomplishments:

Based upon the ongoing interactions, we were able to have a meeting between top level administrators from both institutions to discuss needs and priorities. The door now appears to be open for expansion. Other local efforts with the health department have helped to raise the awareness of the new county mayor and some new county commissioners. They now seem willing to consider school health in the next budget cycle.

Purpose:

Our newest initiative is the beginning of a replication of the County effort on the city school system. After a number of meetings with special education administrators, health department officials, special services staff, and various educators, we started with one nurse housed in a school with 125 special needs and issues children. The principal became a convert to the value of school nurses, and we have been able to get additional dollars from the school system for a "team leader" school nurse position. She has been providing services to two schools with exclusively multiple handicapped children and has spent considerable time working with system administrators to develop pathways for implementation of a broader school health program, especially for special needs children.

Has the activity been evaluated?

Yes. Ongoing informal tracking process that documents policy and procedure development and the number of teachers trained, etc.

Has this initiative been tried elsewhere?

Yes. In many other states.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Nutrition Services
Physical Education
Healthy School Environment
Health Promotion for Staff

Funding Method:

District Special Education Funding
Health Department
Local Tax Dollars

Estimated Annual Budget:
$85,000

Source: 1995 CityMatCH Survey

Nashville, Tennessee

Program: Rethinking Problem Solving in MCH: Building on Family Strengths
Contact: Christine Stroebel
Phone: (615) 340-5648
Start Date: 07-01-95

Target Population:

Public health personnel.

Accomplishments:

This guide intends to help you in the most challenging and exciting task of promoting resilience in your children. You, like most parents and other care providers, want your children to be able to face adversity, overcome it, and be strengthened or even transformed by the experience. Some adversities can be avoided but everyone faces adversities as part of life, either in a crisis situation or as a chronic condition. Resilient children can draw on their inner strengths (I AM) to help them develop, and can draw on their social and interpersonal skills (I CAN) to help them learn. They can also draw on the resources and support others make available (I HAVE).

Purpose:

Guidelines for family participation at the policy and program level:

- Maintain a broad view of collaboration
- Expand the definition of successful family involvement
- Use innovative ways to identify and recruit families
- Look for opportunities to promote consumer involvement
- Provide training and support to both consumers and providers
- Address logistical barriers comprehensively and creatively
- Be aware of consumer burn out
- Believe consumer participation is essential

Has the activity been evaluated:

No.

Has this initiative been tried elsewhere:

No.

Areas Addressed By Program:

Health Education
Counseling & Psychological Services
Community Involvement
Healthy School Environment
Health Promotion for Staff

Funding Method:

Title X

Estimated Annual Budget:

NA

Source: 1995 CityMatCH Survey

Austin, Texas

Program:	School-based Health Centers
Contact:	Patsy Benavidez
Phone:	(512) 476-0020
Start Date:	01/01/93

Target Population:

Elementary school-age children and family siblings.

Accomplishments:

Success of program secured an additional $175,000 for the school-based health centers. Increased attendance rate at one school and increased immunization rates at both schools. Community is aware of school-based health centers.

Purpose:

School-based Health Centers are located in two elementary schools and are providing health services such as well child exams, insuring access and/or referrals to primary health care services, immunizations, counseling services, case management services and provide health education services.

Has the activity been evaluated?

An evaluation committee has been organized to evaluate the project.

Has this initiative been tried elsewhere?

Yes. Throughout the state.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement

Funding Method:

Local Tax Dollars

Estimated Annual Budget:

$328,290

173

Source: 1995 CityMatCH Survey

Dallas, Texas

Program: Adolescent Health Services Educational Component
Contact: Patsy A. Mitchell, R.N.
Phone: (214) 670-1950
Start Date: 10-01-92

Target Population:

Accomplishments:

The following major accomplishments documented numerically:

- More than 400 presentations provided annually serving more than 5,000 adolescents
- More than 2,500 high risk adolescents are identified annually
- More than 1,500 counseling contacts annually

Purpose:

Diverse educational programming was designed and conducted within the Dallas Independent School District as well as, community centers and churches within the school district's demographic area. The purpose is to positively effect the mortality and morbidity rates of adolescent population.

The educational components are as follows:

- Sexual transmitted diseases
- Teen pregnancy
- Drug distribution and abuse
- Male and female responsibilities
- Gang involvement/violence
- Domestic crimes
- Black on black/Hispanic on Hispanic crimes
- Peer, family and societal pressures
- Sexual abuse / date rape
- Effects of racism, nepotism, sexism, etc.

Has the activity been evaluated?

No.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Education
Community Involvement
Healthy School Environment
Health Promotion for Staff

Funding Method:

Preventive Health Services Blk. Grant

Estimated Annual Budget:

$262,682

Source: 1995 CityMatCH Survey

Fort Worth, Texas

Program: Dillow Health Promotion Center
Contact: Patricia Newcomb
Phone: (817) 531-6146
Start Date: 09-01-93

Target Population:

The clinic serves indigent or underserved clients. Roughly 57 percent of clinic clients are African-American, 35 percent are Hispanic, and eight percent are Caucasian. Clients have typically experienced multiple barriers to care such as poor transportation, long waiting periods for appointments, confusing health care systems and perceived user unfriendliness of facilities.

Accomplishments:

The center was established in September, 1993. By the end of the health center's first nine months of operation, 53 percent of the Dillow students had received well-child care in the school based clinic. By the end of 1994, the center recorded 804 well-child visits, 609 sick visits and 809 immunizations.

Purpose:

Dillow Health Promotion Center is a school-based clinic which was created in collaboration with the Fort Worth Independent School District to provide primary care to medically needy students. The health center provides will child care, including EPSDT exams, care for acute minor illnesses, immunizations, health education and a specialized asthma clinic.

Has the activity been evaluated:

Yes. The evaluation was performed by a local nursing college. It found that parents utilized the clinic/center because it was located on campus.

Has this initiative been tried elsewhere:

Don't know.

Areas Addressed By Program:

- Health Education
- Health Services
- Counseling & Psychological Services
- Community Involvement

Funding Method:

- Corporate Donations
- District or Diocese Education Office
- Medicaid
- EPSDT
- Local Tax Dollars
- Patient Self-Pay

Estimated Annual Budget:
NA

Source: 1995 CityMatCH Survey

Houston, Texas

Program:	Houston Violence Prevention Program
Contact:	Dr. Bill Wist
Phone:	(713) 794-9085
Start Date:	10-01-92

Target Population:

The program focuses on middle school African-American and Hispanic youths.

Accomplishments:

A multifaceted violence prevention education program is provided to youth peer leaders, their parents and neighborhood block workers. Community leaders are organized to develop locale-specific strategies to prevent violence. Both process and impact evaluation is being conducted of each component of the program. The program is being carried out through contractual relationships with two community-based organizations and two universities.

Purpose:

The Houston Violence Prevention program is a youth violence prevention program funded by the National Center for Injury Prevention and Control at the Center for Disease Control and Prevention (CDC). Six pairs of middle school attendance zones were randomly assigned to participate in a comprehensive community and school violence prevention program or served as a comparison school.

Has the activity been evaluated:

Yes. Ongoing data collection over a five-year period ending in 1997.

Has this initiative been tried elsewhere:

No.

Areas Addressed By Program:

Health Education
Community Involvement

Funding Method:

Federal (CDC)

Estimated Annual Budget:

$510,886

Source: 1995 CityMatCH Survey

Irving, Texas

Program:	Tuberculosis Skin Testing
Contact:	Walter Bosworth
Phone:	(214) 721-2461
Start Date:	01/01/90

Target Population:

School age children

Accomplishments:

A meeting of health board officials and school board representatives is scheduled to determine if a required program of Tuberculosis skin testing is necessary for school children.

Purpose:

Irving has an increasing minority population and many minority class children, 51 percent, which comprise the public schools population. The incidence of Tuberculosis has jumped dramatically in this area of the country. In Texas, Tuberculosis skin tests are no longer required for entry into or advancement within school. The health professionals are working with the school administration and board in presenting background information and data to reinstate some Tuberculosis skin testing to better assess the Tuberculosis incidence in children.

Has the activity been evaluated?

Don't know.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:
Health Education

Funding Method:
City Tax Dollars

Estimated Annual Budget:
NA

Source: 1995 CityMatCH Survey

Laredo, Texas

Program: Periodic Immunization Clinics
Contact: Lisa Sanford
Phone: (210) 723-2051
Start Date: 01-01-90

Target Population:

The local population is 95 percent Hispanic, and approximately 48 percent live below poverty level. Many of the school children are temporary residents who come from Mexico for the school year then return. Upon arrival in Laredo, the vast majority lack all immunizations and must begin each series from the beginning. There are constant barriers of parental consent because the parents are often in Mexico and unable to sign or give the appropriate medical history.

Accomplishments:

NA

Purpose:

Due to the extremely heavy demand for immunization services at the health department, primarily from children requiring boosters or vaccines in order to attend school, periodic immunization clinics are set up in the schools. The school district nurses are prohibited from providing immunizations per school policy; therefore, the two health department nurses are utilized to administer vaccines.

Has the activity been evaluated?

No.

Has this initiative been tried elsewhere?

Yes.

Areas Addressed By Program:

Health Education
Health Services

Funding Method:

Local Tax Dollars
Preventive Health Services Blk. Grant
Title V, MCH Block Grant

Estimated Annual Budget:

$50,000

Source: 1995 CityMatCH Survey

Lubbock, Texas

Program:	NA
Contact:	M. Mitchell
Phone:	(806) 767-2910
Start Date:	05-01-94

Target Population:
Elementary school children.

Accomplishments:
978 immunized in City of Lubbock, Texas.

Purpose:
Established immunization programs for 42 elementary schools in the City of Lubbock. Immunized preschool children in city-wide Head Start Programs.

Has the activity been evaluated:
Yes. Compared projected number of expected vaccinations for August with the number of vaccinations given in May.

Has this initiative been tried elsewhere:
Don't know.

Areas Addressed By Program:
Health Services
Immunizations

Funding Method:
EPSDT
State Funding
City Funding

Estimated Annual Budget:
$5,000

Source: 1995 CityMatCH Survey

San Antonio, Texas

Program: Head Start Health Screening
Contact: S. Wilson, M.D.
Phone: (210) 207-8870
Start Date: 08-01-94

Target Population:
Children under five years of age.

Accomplishments:
NA

Purpose:
Health screenings and follow-up of abnormalities in Head Start Children.

Has the activity been evaluated?
No.

Has this initiative been tried elsewhere?
Don't know.

Areas Addressed By Program:
Health Services

Funding Method:
EPSDT
Individual School Support
Local Tax Dollars
Medicaid
Title V, MCH Block Grant

Estimated Annual Budget:
$100,000

Source: 1995 CityMatCH Survey

Salt Lake City, Utah

Program:	Families & Agencies Coming Together (FACT)
Contact:	Beverly Thornley
Phone:	(801) 468-2746
Start Date:	01-01-89

Target Population:

Families who have low-incomes and represent many ethnic backgrounds, particularly Asian and Hispanic.

Accomplishments:

By working together in multidisciplinary teams, services have been expanded and augmented beyond what the traditional tax dollar is able to purchase. Success stories range from pulling together 18 agencies working with one family into a common treatment plan to that of volunteers building an entire house for a single parent and her three children.

Purpose:

The Families and Agencies Coming Together (FACT) schools within Salt Lake County are all Title I schools with low-income, highly mobile families. The mission of FACT is to bring families and agencies together at the community and state levels by providing family-centered, culturally sensitive, community-based, collaborative, coordinated efficient services.

Has the activity been evaluated?

Yes. Academic testing, family and worker interviews using a standardized assessment tools.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:

Health Education
Health Services
Community Involvement
Nutrition Services

Funding Method:

Local Tax Dollars
State Social Services Funds
Legislative Appropriation

Estimated Annual Budget:

$240,000

Source: 1995 CityMatCH Survey

Burlington, Vermont

Program: School-Based EPSDT Health Access Program
Contact: Sally Kershner
Phone: (802) 863-7323
Start Date: 09-01-94

Target Population:

Children on Medicaid = infants, preschool children and school age children.

Accomplishments:

Our program data shows EPSDT enrollment is 40,000 with the following percentages of Medicaid children seen within each age group:
0-1 years = 99 percent (65 percent home visits, remainder through office/clinic contact)
1-3 years = 99 percent (32 percent home visits, remainder through office/clinic contact)
3-5 years = 99 percent (22 percent home visits, remainder through office/clinic contact)
5-15 years = .6 percent
13-18 years = .5 percent
18-21 years = 24 percent (these are usually pregnant teens seen both at home and clinic)

Purpose:

The Vermont Department of Health's Division of Local Health is expanding its EPSDT outreach/access program to schools in Vermont. This program will expand capacity to assure children on Medicaid receive appropriate health services and that their full learning potential is not threatened by poor health. In addition, this will finance school health activities in a new way with federal Medicaid dollars and free up local funds to reinvest in health and human services which address Vermont's "Success by Six" and "Success Beyond Six" objectives. This project is connected to a broader agenda between the entire agency of human services and department of education which has to do with enhanced collaboration and integration of services at the local level and combined long-term objectives that improve the status of children.

Has the activity been evaluated?

No.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:
Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Nutrition Services
Physical Education
Healthy School Environment
Health Promotion for Staff

Funding Method:
EPSDT

Estimated Annual Budget:
$500,000

Source: 1995 CityMatCH Survey

Alexandria, Virginia

Contact: Darhyl Jasper
Phone: 703-838-4400
Program: Condom Availability Program (CAP)
Start Date: 09-01-93

Target Population:

Minnie Howard School for 9th graders and T.C. Williams High School for grades 10 through 12.

Accomplishments:

In September, 1993, the Alexandria Public Schools System implemented the Condom Availability Program in two schools, Minnie Howard School for Ninth Graders and the T.C. Williams High School for grades ten through 12. The program was started with an increasing awareness of the vulnerability of teenagers to STDs including HIV/AIDS. This program included education and counseling on HIV/AIDS/STD through enhancement of the Family Life Curriculum currently offered in grades six through 12, stressing abstinence, prevention and risk education.

Purpose:

A year campaign by the Alexandria P.T.A. Council with support from the Alexandria Health Department allowed the Condom Availability Program to be adopted by the Alexandria School for implementation in the fall semester of 1993.

In 1992, the Virginia Health Department reported that there were 32 HIV positive persons and two cases of AIDS in the 13 to 19 age group detected. In the 20 to 29 age group, there were 463 HIV positive persons and 123 cases of AIDS diagnosed in Virginia in 1992. Recognizing that AIDS has a long incubation period, the persons with AIDS in the 20 to 29 age group may have been infected in their adolescence. The number of persons who are HIV positive is unknown and estimates may be five times as high as reported cases.

Has the activity been evaluated?

Yes. George Washington University master's students evaluated the program with a student survey instrument.

Has this initiative been tried elsewhere?

Yes. New York City Public Schools, Washington, D.C. Public Schools, and Atlanta, Georgia.

Areas Addressed By Program:

Health Education
Health Services
Community Involvement
Nutrition Services
Physical Education
Career Planning Relationships

Funding Method:

Individual School Support
Local Health Department
State Tax Dollars

Estimated Annual Budget:
$3,800

Source: 1995 CityMatCH Survey

Portsmouth, Virginia

Program: Second MMR for Sixth Graders
Contact: Carol Canada, R.N.
Phone: (804) 393-8585
Start Date: 01-01-90

Target Population:

6th graders.

Accomplishments:

All fifth graders' immunization records received for second MMR. Those identified in need received MMR at the clinic site, or were referred to the health department. Public health nurses and school nurses administered MMR shots to fifth graders with tremendous success.

Purpose:

With the new state law requiring all children entering the sixth grade to have documented proof of receiving two measles vaccines, the public health nurses and school nurses set up a schedule so that every school that had fifth graders would have MMR clinics.

Has the activity been evaluated?

Don't know.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:
Health Services

Funding Method:
Local Health Department
State Health Department
Federal Dollars for Immunization

Estimated Annual Budget:
NA

Source: 1995 CityMatCH Survey

Virginia Beach, Virginia

Program: Immunizations at Kindergarten
Contact: Anna Pratt
Phone: (804) 427-4281
Start Date: 01-01-94

Target Population:

Preschool children.

Accomplishments:

First day of school many more children were immunized.

Purpose:

The goal of this program is to improve the immunization levels of preschools so they would be adequately immunized on the first day of school. Public health nurses worked with the school nurses and administration to set up special immunization clinics for school enterers. Joint advertising occurred. We will continue this activity on an annual basis.

Has the activity been evaluated?

NA

Has this initiative been tried elsewhere?

NA

Areas Addressed By Program:	**Funding Method:**
NA	NA **Estimated Annual Budget:** NA

Source: 1995 CityMatCH Survey

Seattle, Washington

Program: Seattle Teen Health Centers
Contact: Anne Curtis
Phone: (206) 296-4987
Start Date: 01-01-89

Target Population:

High school, middle and alternative school students.

Accomplishments:

The first center was started in 1988. Its success convinced policy leaders, students, school staff and parents that teen health centers play a vital role in efforts to improve the health of adolescents. Four additional teen health centers opened successfully during the 1992-93 school year. Feedback from parents, students and school staff continues to be very positive and supportive. During the 1993-94 school year, 3,000 students were enrolled in the teen health centers, and approximately 8,000 visits were made to the teen health centers.

After the third year, 68 percent of the students at Ranier Beach High School had enrolled in the teen health center, and 52 percent had used teen health center services.

Purpose:

Five teen health centers located in Seattle Public Schools provide comprehensive services including medical care, mental health services, health education and referrals to community providers. Three additional teen health centers will open in 1995. The overall goal of the teen health centers is to increase the access of adolescents to quality health care by providing comprehensive services on a school campus.

The centers are located in high schools. Many also serve students from nearby middle or alternative schools. Services are provided through collaborative partnerships of health service and mental health agencies. Currently 18 agencies are involved at the eight teen health center sites. Each site has a designated lead agency. Sites are funded through the Families and Education Levy, City general funds, private funds and in-kind donations. The health department is responsible for overall coordination and monitoring of the project, and provides ongoing technical assistance to each teen health center.

Has the activity been evaluated?

Yes.

Has this initiative been tried elsewhere?

Yes. More schools are adding the program as funds become available.

Areas Addressed By Program:

Health Education
Health Services
Counseling & Psychological Services
Community Involvement
Healthy School Environment
Health Promotion for Staff

Funding Method:

Local Tax Dollars
Medicaid
Private Foundations
Private Insurance (including HMO)
Federal Weed/Seed Funds
Inkind from Health Social Services
Title V, MCH Block Grant
(w/Title V funding agency)

Estimated Annual Budget:
$850,000

Source: 1995 CityMatCH Survey

Spokane, Washington

Program: Mental Health Counseling/Training.
Contact: Lyndia Vold
Phone: (509) 324-1528
Start Date: 09-01-94

Target Population:

Population targeted has been identified by school districts as having and displaying high-risk behaviors.

Accomplishments:

Major accomplishment was getting primary prevention mental health services into the schools, rather than the usual intervention once problems have occurred.

Purpose:

Established mental health counseling services in local school district to provide primary prevention for a variety of adolescent health issues. Services provided by community mental health agency.

Has the activity been evaluated?

No. Currently in progress.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:
Counseling & Psychological Services

Funding Method:
State Tax Dollars

Estimated Annual Budget:
$20,300

Source: 1995 CityMatCH Survey

Tacoma, Washington

Program: Family Support Centers
Contact: Amadeo Tiam
Phone: (206) 591-6487
Start Date: 06-01-94

Target Population:

Families

Accomplishments:

It is expected that assisting children and their families to meet their basic needs and resolve conflicts will contribute to children's readiness for learning and minimize risky behaviors that lead to serious health problems.

Combined activities of assessment, policy development and assurance at our five family support centers opened in 1994 are: 2,233 contacts, 429 meetings and 3,464 services.

Purpose:

The Family Support Centers bring together multidisciplinary teams of service providers from public and private agencies and community leaders and volunteers to deal with barriers that affect children's performance in school.

Has the activity been evaluated?

No. The department is in the process of developing an evaluation plan to evaluate process and short term and long-term effects.

Has this initiative been tried elsewhere?

NA

Areas Addressed By Program:

Health Education
Community Involvement
Nutrition Services
Health Promotion for Staff

Funding Method:

Individual School Support
Local Tax Dollars
State Social Service Funds
Community Agencies
General State Funds

Estimated Annual Budget:
$884,000

193

Source: 1995 CityMatCH Survey

Madison, Wisconsin

Program:
Contact: Cheryl Robinson
Telephone: (608) 246-4516
Start Date:

Target Population:
Elementary school children.

Accomplishments:
Five immunization clinics were held in elementary schools throughout the city.

Purpose:
The Madison Department of Public Health works closely with the Madison Metropolitan School District to ensure school children are fully immunized. Strategies include informing school nurses of regularly planned immunization clinics in schools, sharing immunization records and conducting special immunization clinics in the schools. In the fall of 1994, five clinics were held in elementary schools throughout the city. At these clinics, school nurses worked to ensure that children behind on immunizations attended the clinic. They also worked with health department nurses to assess individual immunization records, to screen for contradictions, to educate parents about the vaccines, and to provide the immunizations.

Has the activity been evaluated?
No.

Has this initiative been tried elsewhere?
Don't know.

Areas Addressed By Program:
Health Services

Funding Method:
Local Tax Dollars

Estimated Annual Budget:
NA

Source: 1995 CityMatCH Survey

Milwaukee, Wisconsin

Program: Adolescent School Health Program
Contact: Elizabeth Zelazek
Phone: (414) 286-3606
Start Date: 09-01-93

Target Population:

Middle Schools and High Schools.

Accomplishments:

A dedicated and specialized team has developed this program in collaboration with school personnel, other health department personnel, the community and private providers. Direct results have been measured through improved high levels of client satisfaction. Public Health Nurse satisfaction is high as measured by lower staff turnover and increased job satisfaction. Principle satisfaction has been measured by survey.

Purpose:

In September of 1993, the public health nursing school service was reorganized. Throughout most of its history, the health department had delivered school service through it's generalized health nurse service, with a registered nurse serving in homes, clinics and schools. The reorganization took existing resources and refocused two nursing positions into an adolescent school health program, serving middle and high school students.

This reorganization has allowed for improved identification of adolescent health needs and improved planning for intervention models. Specific modules of service have been and continue to be developed (pregnancy prevention, pregnancy education, HIV education, etc.).

Has the activity been evaluated?

No.

Has this initiative been tried elsewhere?

Don't know.

Areas Addressed By Program:
Health Education
Health Services
Counseling & Psychological Services
Community Involvement

Funding Method:
Local Tax Dollars
Title V, MCH Block Grant
(w/Title V funding agency)

Estimated Annual Budget:
$450,000

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Source: 1995 CityMatCH Survey

SECTION IV

APPENDICES

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Annual CityMatCH Survey of Urban Maternal and Child Health
1994 Focus: School Health in Urban Communities

Winter 1994

This year's annual CityMatCH Survey of Urban MCH focuses on the links between local health departments and schools in urban communities. Information collected from this survey will form the basis for the next volume in the CityMatCH *What Works* series, which highlights successful and innovative local health department programs and activities.

This survey has two parts:

Part 1 asks for information about your urban health department's current involvement with the schools in your community. Questions in this section focus on the relationships between urban health departments and schools, the level of health department involvement with schools, sources of authority, areas of involvement including school-based health centers, and barriers which prevent effective relationships with schools. Include information about all your health department's school health activities, not just activities of your MCH program.

Part 2 updates information on health department organization, leadership, and funding provided by city and county health departments in previous surveys. This information is used to maintain the CityMatCH Urban MCH Information System, a resource available to you and others in the public health community. Part 2 also contains a series of questions to help CityMatCH plan and implement future activities

The survey is to be completed by the person who is most knowledgeable about your health department's maternal and child health activities. The individuals involved most with school health should have an opportunity to review and contribute to the survey. We also encourage you to solicit input from others in your health department, including your Health Director, so that the answers represent the views of your health department.

Even if you are unable to answer some questions, please return the questionnaire.

A self addressed envelope is provided. Please attach any additional materials you believe will facilitate your responses to the questions. If you have any questions about this survey, please contact Elice Hubbert, at (402) 559-8323 (FAX: (402) 559-5355). **Thank you for your participation.**

PLEASE RETURN THE SURVEY BY JANUARY 6, 1995 TO:

CityMatCH at the
Department of Pediatrics
University of Nebraska Medical Center
600 South 42nd Street
Omaha, NE 68198-2170

Health Department: ______________________________

City: ______________ **State** ______________

Name of person who completed the questionnaire and can answer questions about it:
Name: ______________________________
Position/Title: ______________________________
Address: ______________________________
____
City: ______________ **State:** ________ **Zip:** ________
Telephone: ______________ **FAX:** ______________

DATE COMPLETED: ______________

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PART I: URBAN HEALTH DEPARTMENTS (UHDs) AND SCHOOLS

1. **RELATIONSHIPS.** Listed below are common relationships between health departments and schools. In the current school year, what types of relationships does your health department have with the schools (Grades Pre-K through 12) within its jurisdiction? For each type of relationship please check whether your health department has an on-going relationship, a relationship on request, or no relationship with each type of school (Public, Non-Public, Other/Alternative). Check (X) all that apply.

TYPE OF RELATIONSHIP BETWEEN UHD AND SCHOOL	PUBLIC SCHOOLS	NON-PUBLIC SCHOOLS	OTHER/ ALTERNATIVE SCHOOLS
Assurance			
Regulation, inspection, and/or certification.	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship
Technical assistance and/or training of faculty, staff, and parent groups.	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship
Assist with curriculum development.	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship
Health services delivery under contract.	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship
Direct health services delivery.	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship
Collaboration on special projects.	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship
Monitoring and Assessment			
Surveillance and/or monitoring.	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship
Needs assessment/planning for services.	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship
Policy Development			
Development of policies/written guidelines related to health.	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship
Other. Please identify: ____________	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship
Other. Please identify: ____________	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship	☐ on-going ☐ on request ☐ no relationship
☐ No current involvement with any schools.			
☐ Unknown/Don't Know			

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2. **AREAS OF URBAN HEALTH DEPARTMENT INVOLVEMENT IN COMPREHENSIVE SCHOOL HEALTH PROGRAMS.** For each of the eight areas of comprehensive school health, check (X) the grade levels your health department is involved with in any of the schools in its jurisdiction. For each area provide examples of the types of services your health department provides. Attach additional sheets if necessary. If this information is unknown please check here ☐ and go to page 5.

Health Education: providing a planned, sequential instructional program that addresses the physical, mental, emotional and social dimensions of health. The curriculum is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. A variety of topics such as: personal health, family health, community health, consumer health, environmental health, sexuality education, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, and substance use and abuse are included.

Grade Levels Where Involved

Pre-K ☐ **Elementary School** ☐ **Middle School** ☐ **High School** ☐

Examples:

Health Services: providing services to insure access and/or referral to primary health care services, foster appropriate use of primary health care services, prevent and control communicable disease and other health problems, and provide emergency care for illness or injury. Screening, diagnosis and treatment are frequently performed as well as case management.

Grade Levels Where Involved

Pre-K ☐ **Elementary School** ☐ **Middle School** ☐ **High School** ☐

Examples:

Counseling and Psychological Services: providing services which attend to the mental, emotional, and social health of students. Services include broad-based individual and group assessments, interventions, and referrals in areas such as self-control, self-esteem, and peer pressure.

Grade Levels Where Involved

Pre-K ☐ **Elementary School** ☐ **Middle School** ☐ **High School** ☐

Examples:

Community Involvement: fostering an integrated school, parent, and community approach which establishes a dynamic partnership to enhance the health and well-being of students.

Grade Levels Where Involved

Pre-K ☐ **Elementary School** ☐ **Middle School** ☐ **High School** ☐

Examples:

Continued on next page.

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Nutrition Services: services which promote the health and education of students by providing access to nutritious and appealing meals.

Grade Levels Where Involved

Pre-K ☐ **Elementary School** ☐ **Middle School** ☐ **High School** ☐

Examples:

Healthy School Environment: services affecting the physical and aesthetic surroundings, and the psycho-social climate and culture of the school which maximize the health of students and staff. Factors that influence the physical environment include the school building, and the area surrounding it, any biological or chemical agents that may be detrimental to health, and physical conditions such as temperature, noise, and lighting. The psychological environment includes the interrelated physical, and psychological safety, positive interpersonal relationships, recognition of the needs and successes of the individual, and support for building self-esteem in students and staff.

Grade Levels Where Involved

Pre-K ☐ **Elementary School** ☐ **Middle School** ☐ **High School** ☐

Examples:

Physical Education: providing planned, sequential, age-appropriate programs that promote cognitive content and learning experiences in a variety of activity areas such as: basic movement skills; physical fitness; games; team, dual, and individual sports. Quality physical education should further each student's optimum physical, mental, emotional, and social development, and should promote activities and sports which students can enjoy and pursue throughout their lives to improve their overall health status and reduce stress.

Grade Levels Where Involved

Pre-K ☐ **Elementary School** ☐ **Middle School** ☐ **High School** ☐

Examples:

Health Promotion for Staff: providing health promotion programs for school staff which provide health assessments, health education and health-related fitness activities. Programs encourage and motivate all school staff to pursue healthy lifestyles, thus promoting better health, improved morale, and a greater personal commitment to the school's overall comprehensive health program.

Grade Levels Where Involved

Pre-K ☐ **Elementary School** ☐ **Middle School** ☐ **High School** ☐

Examples:

Other (please describe):

Grade Levels Where Involved

Pre-K ☐ **Elementary School** ☐ **Middle School** ☐ **High School** ☐

Examples:

3. URBAN HEALTH DEPARTMENT INVOLVEMENT WITH SCHOOL-BASED/SCHOOL-LINKED HEALTH CENTERS

a. School-based health centers (SBHCs) are located on school grounds and serve only that particular school.[1] Are there any SBHCs associated with the schools in your health department's jurisdiction?

☐ DON'T KNOW ☐ NO

☐ YES ---------▹ How many SBHCs are located in your health department's jurisdiction?

____ # in elementary schools ____ # in middle schools ____ # in high schools

In how many SBHCs is your health department considered the lead agency?

____ # in elementary schools ____ # in middle schools ____ # in high schools

With how many SBHCs is your health department involved in any capacity?

____ # in elementary schools ____ # in middle schools ____ # in high schools

b. School-linked health centers (SLHCs) are either located on a school campus and serve more than one school or are located off campus (regardless of the numbers of schools served).[1] Are there any SLHCs associated with the schools in your health department's jurisdiction?

☐ DON'T KNOW ☐ NO

☐ YES ---------▹ How many SLHCs are located in your health department's jurisdiction?

____ # in elementary schools ____ # in middle schools ____ # in high schools

In how many SBHCs is your health department considered the lead agency?

____ # in elementary schools ____ # in middle schools ____ # in high schools

With how many SBHCs is your health department involved in any capacity?

____ # in elementary schools ____ # in middle schools ____ # in high schools

c. Indicate which of the following services are provided by your urban health department in a SBHC, a SLHC, or both. Check (X) all that apply.

SBHC	SLHC	Both	
☐	☐	☐	**Urban health department provides medical services** (Examples include: providing immunizations; vision, hearing, or dental screenings; diagnosis and treatment of minor and acute problems; management of chronic problems; laboratory testing; family planning; pregnancy testing; STD/HIV testing and treatment.)
☐	☐	☐	**Urban health department provides health education/promotion services** (Examples include: one-on-one patient education; group/targeted education in areas such as conflict resolution; family and community health education; classroom presentations and resource support for school health educators.)
☐	☐	☐	**Urban health department provides mental health services** (Examples include: individual mental health assessment, treatment, and follow-up; group and family counseling; crisis intervention.)
☐	☐	☐	**Urban health department provides social services** (Examples include: social service assessment; case management.)
☐	☐	☐	**Other. Please describe** ______________________________

---

[1] McKinney, D.H., Peak, G.L. (1994). School-based and school-linked health centers: update 1993. Washington, DC: The Center for Population Options.

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4. **AUTHORITY.** Is your health department's involvement with any of the schools or school districts located within its jurisdiction mandated by law and/or formalized through a written agreement?

☐ DON'T KNOW

☐ NO

☐ YES ---------▸ If yes, please list any such laws or written agreements and attach copies of relevant materials if available. (Examples: State or local public health laws or ordinances; State or local educational laws or ordinances; memorandums of understanding, etc.)

5. **BARRIERS.** Please identify the three greatest barriers your health department has experienced in trying to work in collaboration with the schools in your jurisdiction. Briefly describe your health department's efforts at overcoming each barrier.

Barrier 1: ______

Efforts to overcome: ______

Barrier 2: ______

Efforts to overcome: ______

Barrier 3: ______

Efforts to overcome: ______

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6. SUCCESSFUL UHD INITIATIVES IN SCHOOL HEALTH

Describe below your health department's most successful initiative/activity involving school health.

Contact for
More Information: ____________________ **Telephone: (   )**____________________

a. Name of school health initiative/activity: ____

b. Date initiative/activity began: ______________

c. Briefly describe the initiative/activity, including the demographic characteristics of the population served, and its major accomplishments to date.

Continued on next page.

d. Which of the eight areas of comprehensive school health programs is/are addressed by this initiative/activity? (See Question 2, Pages 3-4 for expanded definitions.) Check (X) all that apply.

___ Health Education
___ Health Services
___ Counseling and Psychological Services
___ Community Involvement

___ Nutrition Services
___ Healthy School Environment
___ Physical Education
___ Health Promotion for Staff
___ Other. Please identify: ___________
____

e. How is the initiative/activity funded? Check (X) all that apply.

___ charitable campaigns (such as United Way)
___ community health centers: Section 330 PHS Act
___ Community Mental Health Services Block Grant
___ corporate donations
___ district or diocese education office
___ EPSDT
___ Indian Health Service
___ individual donations
___ individual school support
___ local social services
___ local tax dollars
___ Medicaid (other than EPSDT)

___ Other. Please identify: ______________________
___ Other. Please identify: ______________________
___ patient self-pay
___ Preventive Health & Health Services Block Grant
___ private foundations (such as RWJ, Pew, Casey)
___ private insurance (including HMO payments)
___ State education agency
___ State social services funds
___ Social Services Block Grant (Title XX Social Security Act)
___ SPRANS grant
___ Substance Abuse Prevention and Treatment Block Grant
___ Title X
___ Title V, Maternal and Child Health Block Grant

--------▸ If Title V funding is utilized, has your health department collaborated with the Title V funding agency in planning or other activities connected with the initiative?

☐ DON'T KNOW
☐ NO
☐ YES

f. Estimated annual cost/budget for the initiative/activity? $____________

g. Has this initiative/activity been evaluated?

☐ DON'T KNOW ☐ NO

☐ YES ------------------▸ If yes, please briefly describe the evaluation process and findings.

____
____
____
____

g. Has this initiative been tried elsewhere?

☐ DON'T KNOW ☐ NO

☐ YES ------------------▸ If yes, where. ______________________________________
____

PART 2: UPDATE OF CityMatCH URBAN MCH INFORMATION DATABASE

1. MCH ORGANIZATION AND LEADERSHIP

a. Is the organizational structure of maternal and child health programs and activities in your health department the same now as it was in July 1993? Check (X) one.

☐ **DON'T KNOW**
☐ **NO** ---------------------▷ If no, briefly explain how the MCH organization has changed:
☐ YES ____

____

b. Please attach your health department's most recent organizational chart. Indicate on the organizational chart where the MCH unit(s), if any, reside by circling the unit(s). Also mark "X" where the designated MCH director/leader is situated in the health department.

c. Is the person in your health department who is considered the director or coordinator of Maternal and Child Health the same now as in July 1993? Check (X) one.

☐ **DON'T KNOW** -------▷ Skip to Page 10. Question 2.
☐ **YES** --------------------▷ Skip to Page 10, Question 2.

☐ **NO** -- ▷ Complete all questions below.
☐ **HD's FIRST CityMatCH SURVEY** -----▷ Complete all questions below

d. Name: ____
Position: ____
Address: ____
____
City: ____________________ State: ____________ Zip: ____________
Telephone: ____________________ FAX: ____________________

e. His/her position is: ____ full-time ____ part-time

f. Number of years as MCH director or coordinator: ____ years

g. His/her professional degree(s): Check (X) all that apply.

____ DSc, DrPH, PhD	____ MSN	____ MPA	____ MD (specialty): ____________
____ RN	____ MPH	____ MSW	____ Other (specify): ____________

h. Gender: ____ Female ____ Male

i. His/her age group: Check (X) one.

____ 20-29 ____ 30-39 ____ 40-49 ____ 50-59 ____ 60-69 ____ 70 and over

j. Race:
____ Asian or Pacific Islander
____ Black/African American
____ Native American, Eskimo, Aleut
____ White
____ Other: ____________

k. Ethnicity: ____ Hispanic/Latino ____ Not of Hispanic Origin

2. FINANCING FOR MCH

a. What was your health department's total operating budget for **FY94**? (Give amount in dollars.)
$ ____________________ OR Check (X) one: ___ unknown ___ not available

b. Please estimate: What proportion of your health department's total operating budget for **FY94** was dedicated to maternal and child health activities?
____________% OR Check (X) one: ___ unknown ___ not available

c. What were the sources of funds dedicated to MCH activities in FY94? Please estimate the proportion that came from each source below. If this information is not known, X here: ☐

PERCENT (%)	SOURCE OF FUNDS
________	State MCH Block Grant
________	Other grants, awards from the state
________	City, county, or other local government funds
________	Direct federal revenues (e.g. SPRANS projects, 330 funds, federal grants)
________	Medicaid
________	Reimbursement from HMO(s) or other managed care contractor(s)
________	Other third party reimbursement (e.g. private or other insurance)
________	Private sources (e.g. foundations, donations, corporate contributions)
________	Other (please specify): ______________________________
100%	

d. How are third party reimbursement dollars (insurance, Medicaid) generated by your MCH program activities channeled upon receipt in your health department? Check (**X**) all that apply.

☐ They are dedicated to MCH programs
☐ They go into a general fund
☐ Third party dollars are not generated by our MCH activities
☐ Other (specify): ______________________________

e. How did the MCH budget in your health department change between FY93 and FY94?
___ increased ___ about the same ___ decreased ___ unknown

f. How will the MCH budget in your health department change between FY94 and FY95?
___ increase ___ about the same ___ decrease ___ unknown

3. MEDICAID MANAGED CARE UPDATE

a. What is the current status of Medicaid managed care for the women, infants, children, and adolescents who reside within the jurisdiction served by your health department? Check (**X**) one.

☐ Medicaid managed care is currently in place.
☐ Medicaid managed care is currently being phased in.
☐ Medicaid managed care will be implemented within the next twelve months.
☐ Medicaid managed care will be implemented sometime in the future.
☐ Medicaid managed care is currently under consideration.
☐ Medicaid managed care is not being considered at this time.
☐ Other - Please explain:

____

____

____

☐ Don't Know

4. URBAN MCH CAPACITY BUILDING

CityMatCH needs additional information to plan and implement activities to help strengthen the skills of urban MCH leaders, thus increasing the MCH capacity of urban city and county health departments.

a. Following is a list of specific areas in which skills-building activities might be beneficial to urban MCH leaders. Please select three areas in which you think skills building activities would be most beneficial to you and **CIRCLE THE NUMBER** preceding **EACH** area.

1. Defining and measuring outcomes
2. Developing funding strategies
3. Developing effective media campaign strategies
4. Developing quality assurance programs
5. Drafting/developing legislation for submission to local legislatures
6. Grant writing and other funding solicitation
7. Incorporating cultural competence into program design/operation
8. Organizing and maintaining community coalitions
9. Organizing and training interdisciplinary teams
10. Population-based needs assessment
11. Program evaluation
12. Protocol and policy development
13. Reaching under-served communities with unique service delivery methods
14. Soliciting and maintaining community involvement
15. Working with the media
16. Other. Please identify: ____________________
17. Other. Please identify: ____________________

b. CityMatCH wants to broker inter-city/county networking for technical assistance. List the numbers of up to three areas from the preceding list (question 4a above) or identify up to three other areas in which you would be willing to provide technical assistance to urban MCH colleagues in other urban communities.

#____ #____ #____ Other areas; please identify: ____________________

c. Following are ways to provide technical assistance to you and/or your health department. Indicate your preference for each method by circling a number from 1 to 5 with "1 = Least Helpful" to "5 = Most Helpful."

	Least				Most
Information on Audiotapes	1	2	3	4	5
Information on CD ROM	1	2	3	4	5
Packets of written info. about a particular topic	1	2	3	4	5
Video teleconference sessions (interactive)	1	2	3	4	5
Videotaped presentations (non-interactive)	1	2	3	4	5
Teleconference calls	1	2	3	4	5
CityMatCH preconference workshops	1	2	3	4	5
Other workshops of 1 day or less	1	2	3	4	5
Training Institute of 2 or more days	1	2	3	4	5
Site visits to other cities	1	2	3	4	5
Visits of technical assistance teams to your city	1	2	3	4	5
Other: Please identify____________________	1	2	3	4	5

Comments: ____________________

5. PRINCIPAL MCH PROBLEMS

Following is a list of leading MCH problems often faced by urban families. Indicate the rank order of these problems for the families served by your health department. The problems should be ranked from 1-10 relative to each other with 1 = Most Important.

RANK	MCH PROBLEMS	RANK	MCH PROBLEMS
	ACCESS TO CARE: Problems such as access to dental, primary, pediatric, prenatal, preventive health care services; transportation, language, and like barriers; financial barriers such as under and uninsurance; and Medicaid access.		**UNDERIMMUNIZATION OF CHILDREN**: Problems such as lack of immunization services; low levels of immunization among two-year olds.
	ADOLESCENT PREGNANCY AND PARENTING: Problems such as teen pregnancy; teen child bearing; teen parenting.		**VIOLENCE**: Problems of domestic violence; family violence; spouse abuse; child abuse; crime; and interpersonal violence.
	ADVERSE PERINATAL OUTCOMES: Problems of infant mortality; low birthweight, and/or prematurity.		**WEAKENED FAMILY SYSTEMS**: problems involving lack of social supports; lack of male involvement; eroding family values.
	CLIENT KNOWLEDGE, ATTITUDES, PRACTICES AND BELIEFS: Problems such as poor parenting; lack of knowledge about resources and services; poor compliance/ missed appointments; failure to obtain care; poor motivation.		**WEAKENED HEALTH CARE SYSTEMS**: Problems of poor coordination, duplication, and/or fragmentation of services; lack of comprehensive services; inadequate number of providers; insufficient clerical and program capacity to meet demand; inadequate funds to provide services.
	LACK OF BASIC RESOURCES: Problems such as poverty; inadequate or unaffordable housing; homelessness; unemployment; lack of jobs; lack of food and clothing.		**OTHER**. Please identify:
	SUBSTANCE ABUSE: Problems such as perinatal drug and alcohol use; drug-exposed infants; illicit drug use; alcohol abuse; and tobacco use.		**OTHER**. Please identify:

For administrative use only:

City ________________
State ________________

date 1st mailing ________
date 2nd mailing ________
date 3rd mailing ________

date coded ________
date entered ________
date verified ________

date received ________
org chart attached? ________
materials attached? ________

COMMENTS:

LIST OF SURVEYED HEALTH DEPARTMENTS[1]

Anchorage AK
Birmingham AL
Huntsville AL
Mobile AL
Montgomery AL *
Little Rock AR
Phoenix AZ
Tucson AZ
Bakersfield CA
Berkeley CA
Fairfield CA
Fresno CA
Long Beach CA
Los Angeles CA
Martinez CA*
Modesto CA
Oakland CA
Pasadena CA
Riverside CA
Sacramento CA
Salinas CA
San Bernardino CA
San Diego CA
San Francisco CA
San Jose CA
Santa Ana CA
Santa Rosa CA
Stockton CA
Ventura CA
Aurora CO
Colorado Springs CO
Denver CO
Lakewood CO
Bridgeport CT *
Hartford CT *
New Haven CT *
Stamford CT *
Waterbury CT
Washington DC
Wilmington DE
Fort Lauderdale FL
Jacksonville FL
Miami FL
Orlando FL *
St. Petersburg FL
Tallahassee FL *
Tampa FL
Atlanta GA
Columbus GA
Macon, GA
Savannah GA
Honolulu HI
Cedar Rapids IA
Des Moines IA *
Boise ID
Chicago IL
Peoria IL
Rockford IL
Springfield IL *
Evansville IN
Fort Wayne IN *
Gary IN
Indianapolis IN
South Bend IN
Kansas City KS *
Overland Park KS *
Topeka KS
Wichita KS
Lexington KY
Louisville KY
Baton Rouge LA *
New Orleans LA
Shreveport LA
Boston MA
Lowell MA
Springfield MA
Worcester MA *
Baltimore MD
Portland ME
Detroit MI
Flint MI
Grand Rapids MI
Lansing MI
Livonia MI
Mt Clemens MI
Ypsilanti MI
Minneapolis MN
St. Paul MN
Independence MO
Kansas City MO
Springfield MO
St. Louis MO
Jackson MS
Billings MT
Missoula MT *
Charlotte NC
Durham NC
Greensboro NC
Raleigh NC
Winston-Salem NC
Lincoln NE
Omaha NE
Manchester NH
Elizabeth NJ
Jersey City NJ *
Newark NJ *
Paterson NJ
Albuquerque NM
Las Vegas NV
Reno NV
Albany NY
Buffalo NY *
Hawthorne NY
New York NY
Rochester NY
Syracuse NY
Akron OH
Cincinnati OH *
Cleveland OH
Columbus OH
Dayton OH
Toledo OH
Oklahoma City OK
Tulsa OK
Eugene OR
Portland OR
Salem OR
Allentown PA
Erie PA
Philadelphia PA
Pittsburgh PA
San Juan PR
Providence RI *
Columbia SC *
Sioux Falls SD
Chattanooga TN *
Knoxville TN
Memphis TN
Nashville TN
Abilene TX
Amarillo TX *
Austin TX
Beaumont TX *
Corpus Christi TX
Dallas TX
El Paso TX
Fort Worth TX
Garland TX
Houston TX
Irving TX
Laredo TX
Lubbock TX
Mesquite TX
Pasadena TX
Plano TX
San Antonio TX
Waco TX *
Salt Lake City UT
Alexandria VA
Chesapeake VA
Hampton VA *
Newport News VA
Norfolk VA *
Portsmouth VA
Richmond VA
Virginia Beach VA
Burlington VT
Seattle WA
Spokane WA
Tacoma WA
Madison WI
Milwaukee WI
Charleston WV
Cheyenne WY *

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[1] List reflects the city where the responding health department resides.

* Did not respond to 1995 survey.

DIRECTORY OF URBAN MCH PROGRAMS AND LEADERSHIP

Promoting communication and collaboration to improve the health of urban children and families is at the heart of all CityMatCH activities. The "Directory of Urban MCH Programs and Leadership" was first published in 1990 in an effort to improve communication among urban MCH leaders and their colleagues. The information in this directory has been gathered from several sources, including the 1995 CityMatCH survey and the CityMatCH in-house Urban MCH Database. The name and title of each health department's designated MCH director or coordinator are provided along with the health department name, address, and telephone and fax numbers (if known). For health departments where no one person is designated as MCH director, the name of an MCH contact person is provided. These health departments are noted with an asterisk (*). CityMatCH hopes this updated and expanded directory will facilitate urban MCH leader's efforts across the country to contact their colleagues and share MCH problems and success stories.

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URBAN HEALTH DEPARTMENT INVOLVEMENT WITH SCHOOL-BASED HEALTH CENTERS

HEALTH DEPARTMENT	ST	NUMBER SBHCs IN JURISDICTION	IS HD INVOLVED WITH SBHC(s) ?	IS HD LEAD AGENCY IN SBHC(s) ?
REGION I				
Boston	MA	13 (H)	YES-ALL	YES -62%
Lowell	MA	2 (H)	YES-ALL	NO
Springfied	MA	6 (H3,M2,E1)	YES-ALL	NO
REGION II				
Paterson	NJ	1 (H)	YES-ALL	NO
New York**	NY	6 (H4,M2)	NO	YES-ALL
Rochester	NY	1 (H)	YES-ALL	NO
Syracuse	NY	2 (E)	YES-50% (E1)	NO
REGION III				
Washington	DC	2 (H)	YES-ALL	YES-ALL
Wilmington	DE	13 (H)	YES-ALL	YES-ALL
Baltimore	MD	16 (H6,M5,E5)	YES-ALL	YES-56%
Allentown	PA	2 (H)	YES-ALL	NO
Philadelphia	PA	7 (H2,M5,E5)	YES-ALL	NO
Pittsburgh	PA	16 (H6,M5,E5)	YES-63% (H6,M1,E3)	NO
Portsmouth	VA	1 (M)	YES-ALL	NO
Charleston	WV	2 (HI,E1)	NO	NO

LEGEND

H=High School, M=Middle School, E=Elementary School **= Data Discrepancy

URBAN HEALTH DEPARTMENT INVOLVEMENT WITH SCHOOL-BASED HEALTH CENTERS

HEALTH DEPARTMENT	ST	NUMBER SBHCs	Is HD INVOLVED WITH SBHC (s)	IS HD LEAD AGENCY IN SBHC (s)?
REGION IV				
Birmingham	AL	4 (H2,M2)	YES-ALL	YES-ALL
Mobile	AL	1 (M)	YES-ALL	YES-ALL
Ft. Lauderdale	FL	1 (M)	NO	NO
Miami	FL	5 (H4,E1)	YES-ALL	YES-20% (H1)
St.Petersburg	FL	1 (H)	YES-ALL	YES-ALL
Tampa	FL	7 (H4,M2,E2)	YES-ALL	YES-86%
Columbus	GA	7 (E)	YES-20% (E2)	YES-20%
Macon	GA	10 (E)	YES-20% (E2)	YES-20%
Savannah	GA	1 (H)	YES-ALL	YES-ALL
Lexington	KY	3 (M2,E1)	YES-ALL	YES-ALL
Louisville	KY	3 (HI,E2)	YES-ALL	YES-ALL
Jackson	MS	1 (H)	NO	NO
Charlotte	NC	1 (H)	YES-ALL	YES-ALL
Durham	NC	1 (H)	YES-ALL	NO
Greensboro	NC	1 (H)	YES-ALL	YES-ALL
Knoxville	TN	1 (M)	YES-ALL	YES-ALL
Memphis	TN	4 (H2,E2)	YES-50% (H2)	YES-50% (H2)
Nashville	TN	1 (E)	YES-ALL	YES-ALL

LEGEND

H=High School, M=Middle School, E=Elementary School

**= Data Discrepancy

URBAN HEALTH DEPARTMENT INVOLVEMENT WITH SCHOOL-BASED HEALTH CENTERS

HEALTH DEPARTMENT	ST	NUMBER SBHCs IN JURISDICTION	IS HD INVOLVED WITH SBHC(s)?	IS HD LEAD AGENCY IN SBHC (S) ?
REGION V				
Chicago	IL	6 (H4, E2)	NO	NO
Gary	IN	2(H1,E1)	YES-ALL	NO
Indianapolis	IN	6(H2,M2,E2)	YES-ALL	YES-33%(H1,M1)
Detroit	MI	3(H2,M1)	YES-ALL	YES-67% (H2)
Flint	MI	3 (H)	YES-ALL	NO
Grand Rapids	MI	2 (M1,E1)	YES-ALL	NO
Livonia	MI	2(HI,M1)	YES-ALL	NO
Minneapolis	MN	12(H7,M3,E2)	YES-ALL	NO
St.Paul	MN	7(H)	YES-ALL	NO
Cleveland	OH	1(H)	YES-ALL	NO
Toledo	OH	1(E)	NO	NO
Milwaukee	WI	2(H)	YES-ALL	NO
REGION VI				
Little Rock	AR	6 (H3,M2,E1)	YES-ALL	YES-ALL
New Orleans	LA	3 (H)	NO	NO
Alberquerque	NM	8 (H7,M1)	YES-88% (H6,M1)	YES-ALL
Oklahoma City	OK	2(H1,E1)	NO	NO
Austin	TX	2(E)	YES-ALL	YES-ALL
Dallas	TX	2(H)	YES-ALL	NO
El Paso	TX	4(H1,M1,E2)	YES-50% (E2)	NO
Fort Worth	TX	2(H)	NO	NO
Houston	TX	0**	YES-(H4)	YES-(H4)
San Antonio	TX	5(H3,M1,E1)	YES-80% (M2,E2)	NO

LEGEND

H=High School, M=Middle School, E=Elementary School **Data Discrepancy

URBAN HEALTH DEPARTMENT INVOLVEMENT WITH SCHOOL-BASED HEALTH CENTERS

HEALTH DEPARTMENT	ST	NUMBER SBHCs IN JURISDICTION	IS HD INVOLVED WITH SBHC(S)	IS HD LEAD AGENCY IN SBHC (S)
REGION VII				
Topeka	KS	2 (E)	YES-ALL	YES-ALL
Independance	MO	2 (H1,E1)	YES-ALL	NO
Kansas City	MO	4 (H)	NO	NO
REGION VIII				
Denver	CO	10(H4,M1,E5)	YES-ALL	YES-ALL
REGION IX				
Phoenix	AZ	9 (H1,E8)	YES-ALL	NO
Tucson	AZ	9 (H2,M2,E5)	YES-ALL	NO
Berkeley	CA	1 (H)	YES-ALL	YES-ALL
Long Beach	CA	4 (E)	YES-ALL	YES-ALL
Los Angeles	CA	3 (H)	NO	NO
Modesto	CA	4 (M1,E3)	YES-ALL	NO
Oakland	CA	4 (H1,E3)	YES-ALL	NO
Pasadena	CA	4 (H)	YES-ALL	NO
Sacramento	CA	6 (E)	YES-ALL	NO
San Bernadino	CA	2 (H1,E1)	YES-ALL	YES-50% (E1)
San Francisco	CA	2 (H)	YES-ALL	YES-50% (H1)
San Jose	CA	9 (H5,M1,E3)	YES-ALL	NO
Santa Ana	CA	10 (E)	YES-ALL	NO
Santa Rosa	CA	1 (E)	YES-ALL	NO
Stockton	CA	3 (H2,E1)	YES-ALL	NO
Honolulu**	HI	5 (H)	NO	YES - 60% (H3)

LEGEND

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URBAN HEALTH DEPARTMENT INVOLVEMENT WITH SCHOOL-BASED HEALTH CENTERS

HEALTH DEPARTMENT	ST	NUMBER SBHCs IN JURISDICTION	IS HD INVOLVED WITH SBHC(s)?	Is HD LEAD AGENCY IN SBHC(s)?
REGION X				
Boise	ID	1 (E1)	NO	NO
Eugene	OR	2 (H1)	YES-ALL	NO
Portland	OR	7 (H1)	YES-ALL	YES-ALL
Seattle	WA	6 (H1)	YES-ALL	YES-33% (H2)
TOTAL 79 Health Depts	36	321 SBHCs 105 Eementary 44 Middle School 172 High School		

LEGEND

H=High School, M=Middle School, E=Elementary School **Data Discrepancy

URBAN HEALTH DEPARTMENT INVOLVEMENT WITH SCHOOL-LINKED HEALTH CENTERS

HEALTH DEPARTMENT	ST*	NUMBER SLHCs IN JURISDICTION	IS HD INVOLVED WITH ANY SLHC (S)	IS HD LEAD AGENCY IN ANY SLHC(S)?
REGION I				
Waterbury	CT	4 (E)	NO	NO
Portland	ME	3 (H1,E2)	YES-ALL	YES-ALL
REGION II				
Manchester**	NH	NO RESPONSE	YES(E1)	NO RESPONSE
Paterson	NJ	2(E1,M1)	NO	NO
Syracuse	NY	1(H)	NO	NO
San Juan	PR	35(H10,M16,E9)	NO	NO
REGION III				
Philadelphia**	PA	18(H4,M6,E8)	YES(H45,M51,E17)	YES-39%(H2,M2,E3)
Alexandria	VA	2(H1,M1)	YES-ALL	YES-ALL
Charleston	WV	1 (E)	NO	NO
REGION IV				
Jacksonville**	FL	NO RESPONSE	YES-(H1,M1,E1)	NO RESPONSE
Miami	FL	3 (H)	NO	NO
Tampa	FL	3 (E)		
Columbus	GA	1 (E)		
Macon	GA	4 (M)		
Raleigh	NC	3 (H1, M1, E1)	NO	NO

* =Including District of Columbia and Territory of Puerto Rico

LEGEND

H =High School, E=Elementary School
**=Data Discrepancy: Responses to "With how many SLHCs is your health department involved in any capacity?" is inconsistent with other responses.

URBAN HEALTH DEPARTMENT INVOLVEMENT WITH SCHOOL-LINKED HEALTH CENTERS

HEALTH DEPARTMENT	ST*	NUMBER SLHCs IN JURISDICTION	IS HD INVOLVED WITH ANY SLHC(s)	IS HD LEAD AGENCY IN ANY SLHC(S)?
REGION V				
Chicago**	IL	16(H1,M2,E12)	NO RESPONSE	YES-63%(M2,E8)
Indianapolis**	IN	2 (E)		YES-(H2,M1)
Grand Rapids	MI	1(E)	YES-ALL	NO
Lansing	MI	2(H1,M1)	NO	NO
Mt. Clemens	MI	2(H)	YES-ALL	YES-ALL
Dayton	OH	1(H)	YES-ALL	NO
Milwaukee	WI	1(E)	YES-ALL	NO
REGION VI				
Alberquerque	NM	3(H)	YES-ALL	YES-ALL
Oklahoma City	OK	2(H1,E1)	NO	NO
Austin	TX	15(E)	YES-ALL	YES-ALL
Fort Worth	TX	3 (E)	No	NO
Region VII				
Wichita	KS	1(H)	YES-ALL	YES-ALL
Region VIII				
Aurora	CO	3 (H1,M2)	NO	NO
Lakewood	CO	1(M)	NO	NO

*Including District of Columbia and Territory of Puerto Rico

LEGEND

H=High School, M=Middle School, E=Elementary School

**=Data Discrepancy: Responses to "With how many SLHCs is your health department involved in any capacity?" is inconsistent with other responses.

URBAN HEALTH DEPARTMENT INVOLVEMENT WITH SCHOOL-LINKED HEALTH CENTERS

HEALTH DEPARTMENT	ST*	NUMBER SLHCs IN JURISDICTION	IS HD INVOLVED WITH ANY SLHC (S)	IS HD LEAD AGENCY IN ANY SLHC(S)?
REGION IX				
Phoenix	AZ	2(E)	NO	NO
Tucson	AZ	3 (H2,E1)	YES-ALL	NO
Los Angeles	CA	3(E)	NO	NO
Pasadena	CA	1(H)	NO	NO
Salinas	CA	3(M1,E2)	YES-ALL	YES-ALL
San Bernardino**	CA	(H1,E2)	YES-(H4)	NO RESPONSE
San Jose	CA	12(H2,M2,E8)	YES-ALL	YES-83%(H2,M1,E7)
Santa Ana	CA	1(E)	YES-ALL	NO
Santa Rosa	CA	1(E)	NO	NO
Ventura	CA	9(E)	YES-ALL	NO
Honolulu	HI	3(H)	YES-ALL	NO
Reno	NV	2(E)	YES-ALL	YES-ALL
REGION X				
Eugene	OR	2(H)	YES-ALL	NO
Salem	OR	1(H)	YES-ALL	YES-ALL
Tacoma	WA	11(E)	NO	NO
TOTALS 44 Health Depts	28	190 SLHCs 47 Elementary 38 Middle School 105 High School		

* =Including District of Columbia and Territory of Puerto Rico

LEGEND

H =High School, M =Middle School, E =Elementary School

**=D ata Discrepancy: Responses to "With how many SLHCs is your health department involved in any capacity?" is inconsistent with other responses.

Appendix F. Urban Health Department Services Provided (by Category) as Lead Agency in School Health Centers by Type of Center

CITY	STATE	MEDICAL SVC	HEALTH ED	MENTAL HEALTH	SOCIAL SVC	OTHER
BIRMINGHAM	AL	SBHC	SBHC	SBHC	SBHC	
MOBILE	AL	SBHC	SBHC	SBHC	SBHC	SBHC
LITTLE ROCK	AR	SBHC	SBHC	SBHC	SBHC	
PHOENIX	AZ	BOTH	BOTH	BOTH	BOTH	
TUCSON	AZ	BOTH	BOTH			
BERKELEY	CA	SBHC	SBHC	SBHC	SBHC	
LONG BEACH	CA	SBHC				
LOS ANGELES	CA					BOTH
MODESTO	CA	SBHC				SBHC
OAKLAND	CA	SBHC	SBHC		SBHC	
PASADENA	CA	BOTH	BOTH			
SACRAMENTO	CA	SBHC	SBHC		SBHC	
SALINAS	CA	SLHC		SLHC	SLHC	
SAN BERNARDINO	CA	BOTH	BOTH	SBHC	BOTH	
SAN DIEGO	CA	SLHC	SLHC			
SAN FRANCISCO	CA	SBHC	BOTH	SBHC		
SAN JOSE	CA	SLHC	SLHC	BOTH	BOTH	
SANTA ANA	CA	BOTH	BOTH		BOTH	
SANTA ROSA	CA					BOTH
STOCKTON	CA		SBHC	SBHC	SBHC	
VENTURA	CA	SLHC	SLHC			SLHC
DENVER	CO	SBHC	SBHC			SBHC
ENGLEWOOD	CO		SLHC			
LAKEWOOD	CO					
WATERBURY	CT	SLHC		SLHC		
WASHINGTON	DC	SBHC	SBHC	SBHC	SBHC	
WILMINGTON	DE					SBHC
FT LAUDERDALE	FL					
JACKSONVILLE	FL					SLHC
MIAMI	FL	BOTH	BOTH	BOTH	BOTH	
ST. PETERSBURG	FL	SBHC	SBHC	SBHC	SBHC	
TAMPA	FL	BOTH	BOTH	SBHC		
COLUMBUS	GA	SBHC	BOTH			
MACON	GA	BOTH	BOTH			
SAVANNAH	GA	SBHC	SBHC	SBHC	SBHC	
HONOLULU	HI	SBHC	BOTH	BOTH	BOTH	
BOISE	ID	SBHC				
CHICAGO	IL	SLHC	SLHC	SLHC	SLHC	SLHC
PEORIA	IL	SBHC	SBHC			SBHC

CITY	STATE	MEDICAL SVC	HEALTH ED	MENTAL HEALTH	SOCIAL SVC	OTHER
GARY	IN	SBHC	SBHC			
INDIANAPOLIS	IN	SBHC	SBHC	SBHC	SBHC	
TOPEKA	KS					SBHC
WICHITA	KS	SLHC	SLHC	SLHC	SLHC	
LEXINGTON	KY	SBHC	SBHC	SBHC		
LOUISVILLE	KY	SBHC	SBHC	SBHC	SBHC	
NEW ORLEANS	LA	SBHC	SBHC	NONE	SBHC	
BOSTON	MA	SBHC	SBHC	SBHC		SBHC
LOWELL	MA					SBHC
SPRINGFIELD	MA	SBHC	SBHC	SBHC	SBHC	
BALTIMORE	MD	SBHC	SBHC	SBHC	SBHC	
PORTLAND	ME	SLHC	SLHC	BOTH	BOTH	
DETROIT	MI	BOTH	BOTH	BOTH		
FLINT	MI		SBHC			
GRAND RAPIDS	MI		SBHC			
LANSING	MI	SLHC	SLHC	SLHC	SLHC	SLHC
MT CLEMENS	MI	SLHC	SLHC	SLHC	SLHC	
WESTLAND	MI	BOTH	BOTH			
MINNEAPOLIS	MN	SBHC	SBHC	SBHC	SBHC	SBHC
ST. PAUL	MN					
INDEPENDENCE	MO					SBHC
KANSAS CITY	MO					SBHC
JACKSON	MS	BOTH				
DURHAM	NC	SBHC	SBHC		SBHC	
GREENSBORO	NC	SBHC	SBHC	SBHC	SBHC	
RALEIGH	NC	SLHC	SLHC		SLHC	SLHC
MANCHESTER	NH	SLHC	SLHC			
PATERSON	NJ		BOTH			
ALBUQUERQUE	NM	BOTH	BOTH	SBHC		
RENO	NV	SLHC	SLHC		SLHC	
NEW YORK CITY	NY	SBHC				
ROCHESTER	NY	BOTH	BOTH			SBHC
SYRACUSE	NY	SLHC	SLHC	SLHC	SLHC	
CLEVELAND	OH		SBHC			
DAYTON	OH					SLHC
TOLEDO	OH	SBHC	SBHC			
OKLAHOMA CITY	OK					
EUGENE	OR					
PORTLAND	OR	SBHC	SBHC	SBHC	SBHC	
SALEM	OR	SLHC	SLHC		SLHC	
ALLENTOWN	PA		SBHC			

CITY	STATE	MEDICAL SVC	HEALTH ED	MENTAL HEALTH	SOCIAL SVC	OTHER
PHILADELPHIA	PA	SLHC	BOTH	BOTH	SLHC	
PITTSBURGH	PA	BOTH	BOTH			BOTH
SAN JUAN	PR	SLHC	SLHC	SLHC	SLHC	
CHARLOTTE	SC	SLHC	SLHC			SBHC
KNOXVILLE	TN	SBHC	SBHC	SBHC	SBHC	
MEMPHIS	TN	SBHC	SBHC	SBHC	SBHC	SBHC
NASHVILLE	TN	SBHC	SBHC	SBHC	SBHC	
AUSTIN	TX	BOTH	BOTH	SBHC	SBHC	
DALLAS	TX		BOTH		BOTH	
EL PASO	TX	SBHC				
FORT WORTH	TX	SLHC	SLHC	SLHC	SLHC	
HOUSTON	TX	SBHC	SBHC		SBHC	
SAN ANTONIO	TX	SBHC			SBHC	
ALEXANDRIA	VA	SLHC	SLHC	SLHC		SLHC
PORTSMOUTH	VA	SBHC	SBHC			
SEATTLE	WA	SBHC	SBHC	SBHC	SBHC	
TACOMA	WA		SLHC	SLHC		
MILWAUKEE	WI	SBHC	SBHC		SBHC	SBHC
CHARLESTON	WV	BOTH	BOTH		BOTH	

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